

Procedure Codes that Require Prior	Description of Procedure Code	Medical Records Request Information Required
Authorization		
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15002	WOUND PREP TRK/ARM/LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15003	WOUND PREP ADDL 100 CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15004	WOUND PREP F/N/HF/G	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15005	WND PREP F/N/HF/G ADDL CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15275	SKIN SUB GRAFT FACE/NK/HF/G	Letter of medical necessity, including condition being treated.
15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15786	ABRASION LESION SINGLE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15787	ABRASION LESIONS ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.

Procedure	Description of Procedure Code	Medical Records Request Information Required
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15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15833	EXCISE EXCESSIVE SKIN LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.

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

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

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20938	SP BONE AGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
20974	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
20975	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
21083	PREPARE FACE/ORAL PROSTHESIS	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
21085	PREPARE FACE/ORAL PROSTHESIS	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21120	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21121	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21122	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21123	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21125	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21127	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21138	REDUCTION OF FOREHEAD	History and physical, documentation of medical necessity
		and previous stages of reconstruction if done.
21141	LEFORT I-1 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21142	LEFORT I-2 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21143	LEFORT I-3/> PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
24445	LEGORI LA DISCE WILCONAST	diagnostic sleep studies.
21145	LEFORT I-1 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
21146	LEFORT LA DIFCE W/ CDAST	diagnostic sleep studies.
21146	LEFORT I-2 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type
1		of appliance, history of re- occurring TMJ, and copy of
24447	LEFORT LOAD DIEGE WAY CRAFT	diagnostic sleep studies.
21147	LEFORT I-3/> PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
	1	diagnostic sleep studies.

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21150	LEFORT II ANTERIOR INTRUSION	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21151	LEFORT II W/BONE GRAFTS	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21154	LEFORT III W/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21155	LEFORT III W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21159	LEFORT III W/FHDW/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21160	LEFORT III W/FHD W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21188	RECONSTRUCTION OF MIDFACE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
21193	RECONST LWR JAW W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21194	RECONST LWR JAW W/GRAFT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21195	RECONST LWR JAW W/O FIXATION	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21196	RECONST LWR JAW W/FIXATION	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
		diagnostic sleep studies.
21198	RECONSTR LWR JAW SEGMENT	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
24400	DECONCED LAND LAND LAND LAND LAND LAND LAND LAN	diagnostic sleep studies.
21199	RECONSTR LWR JAW W/ADVANCE	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
24226		diagnostic sleep studies.
21206	RECONSTRUCT UPPER JAW BONE	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
24200	ALICA FENTATION OF FACIAL PONES	diagnostic sleep studies.
21208	AUGMENTATION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
24200	DEDUCTION OF FACIAL BONES	diagnostic sleep studies.
21209	REDUCTION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type
		of appliance, history of re- occurring TMJ, and copy of
21210	TACE DONE CDAFT	diagnostic sleep studies.
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical
		necessity including operative report.

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21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical
		necessity including operative report.
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical
		necessity including operative report.
21244	RECONSTRUCTION OF LOWER JAW	Submit history and physical, documentation of medical
		necessity including operative report.
21245	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical
		necessity including operative report.
21246	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical
		necessity including operative report.
21270	AUGMENTATION CHEEK BONE	Submit history and physical, documentation of medical
24.605	LIVOID ANYOTOANY O GUEDENGION	necessity including operative report.
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical
21740	DECONSTRUCTION OF STERNIA	necessity including operative report.
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical
22505	MANIPULATION OF SPINE	necessity including operative report. Submit history and physical, documentation of medical
22303	IMANIFOLATION OF SPINE	necessity including operative report.
22510	PERQ CERVICOTHORACIC INJECT	eviCore - 1-855-252-1117 or
22310	FERQ CERVICOTTIONACIC INJECT	https://www.evicore.com/healthplan/bcbs
22511	PERQ LUMBOSACRAL INJECTION	eviCore - 1-855-252-1117 or
22311	TENQ ESIMBOS/NON/E INSECTION	https://www.evicore.com/healthplan/bcbs
22512	VERTEBROPLASTY ADDL INJECT	eviCore - 1-855-252-1117 or
	1225.0.2.0	https://www.evicore.com/healthplan/bcbs
22513	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22514	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22515	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22526	IDET SINGLE LEVEL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22527	IDET 1 OR MORE LEVELS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22533	LAT LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or
22524	LATTHOR/LUMAR ARRIVES	https://www.evicore.com/healthplan/bcbs
22534	LAT THOR/LUMB ADDL SEG	eviCore - 1-855-252-1117 or
22551	NECK SPINE FUSE&REMOV BEL C2	https://www.evicore.com/healthplan/bcbs
22551	INECK SPINE FOSEAREINOV BEL CZ	eviCore - 1-855-252-1117 or
22552	ADDL NECK SPINE FUSION	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
22332	ADDENIECK SPINE POSION	https://www.evicore.com/healthplan/bcbs
22554	NECK SPINE FUSION	eviCore - 1-855-252-1117 or
22334	THE STORY	https://www.evicore.com/healthplan/bcbs
22558	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22585	ADDITIONAL SPINAL FUSION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22595	NECK SPINAL FUSION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

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Codes that	Jessen parent en l'inscession et de la constitution	incured needs as nequest mornians in nequined
Require Prior		
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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
22622	LUMADAD COMPLETE ELICIONE COMPLNED	https://www.evicore.com/healthplan/bcbs
22633	LUMBAR SPINE FUSION COMBINED	eviCore - 1-855-252-1117 or
22634	SPINE FUSION EXTRA SEGMENT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
22054	SPINE FUSION EXTRA SEGIVIENT	https://www.evicore.com/healthplan/bcbs
22800	POST FUSION 6 VERT SEG</td <td>Submit history and physical, operative report,</td>	Submit history and physical, operative report,
22800	1031 103101N 7/0 VEIN 3EG	documentation of conservative measures.
22802	POST FUSION 7-12 VERT SEG	Submit history and physical, operative report,
22002	Post Postott 7 12 VENT SEG	documentation of conservative measures.
22804	POST FUSION 13/> VERT SEG	Submit history and physical, operative report,
		documentation of conservative measures.
22808	ANT FUSION 2-3 VERT SEG	Submit history and physical, operative report,
		documentation of conservative measures.
22810	ANT FUSION 4-7 VERT SEG	Submit history and physical, operative report,
		documentation of conservative measures.
22812	ANT FUSION 8/> VERT SEG	Submit history and physical, operative report,
		documentation of conservative measures.
22840	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
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
22042	INICEDE COINE EIVATION DEVICE	https://www.evicore.com/healthplan/bcbs
22843	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or
22844	INSERT SPINE FIXATION DEVICE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
22044	INSERT STINE TIXATION BEVICE	https://www.evicore.com/healthplan/bcbs
22845	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22846	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22847	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22848	INSERT PELV FIXATION DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22853	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22854	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22856	CERV ARTIFIC DISKECTOMY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

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22857	LUMBAR ARTIF DISKECTOMY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22858	SECOND LEVEL CER DISKECTOMY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22859	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22861	REVISE CERV ARTIFIC DISC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22862	REVISE LUMBAR ARTIF DISC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
22864	REMOVE CERV ARTIF DISC	Recent history and physical, plan of care, and
22257	INC. CT. D. I. D. D. I.	documentation of medical necessity.
22867	INSJ STABLJ DEV W/DCMPRN	eviCore - 1-855-252-1117 or
22000	INICI CTA DI I DEVINI/DENADDNI	https://www.evicore.com/healthplan/bcbs
22868	INSJ STABLJ DEV W/DCMPRN	eviCore - 1-855-252-1117 or
22869	INSJ STABLJ DEV W/O DCMPRN	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
22009	INST STABLE DEV W/O DCWPKIN	
22870	INSJ STABLJ DEV W/O DCMPRN	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
22070	INSTABLI DEV W/O DCIVIFRIN	https://www.evicore.com/healthplan/bcbs
22999	ABDOMEN SURGERY PROCEDURE	Recent history and physical, plan of care, and
22333	ADDOMEN SONGENT PROCEDORE	documentation of medical necessity.
23000	REMOVAL OF CALCIUM DEPOSITS	eviCore - 1-855-252-1117 or
23000	KEIVIOVILE OF CITECION BEI CONS	https://www.evicore.com/healthplan/bcbs
23020	RELEASE SHOULDER JOINT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
23120	PARTIAL REMOVAL COLLAR BONE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
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
22.420	DEDAID DICEDS TENDON	https://www.evicore.com/healthplan/bcbs
23430	REPAIR BICEPS TENDON	eviCore - 1-855-252-1117 or
22440	DEMONE /TDANSDLANT TENDON	https://www.evicore.com/healthplan/bcbs
23440	REMOVE/TRANSPLANT TENDON	eviCore - 1-855-252-1117 or
23450	REPAIR SHOULDER CAPSULE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
23430	THE AIR SHOOLDER CAPSULE	https://www.evicore.com/healthplan/bcbs
23455	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or
23433	NEI AIN SHOOLDEN CAI SULL	https://www.evicore.com/healthplan/bcbs
23460	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
23462	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
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
20.470		https://www.evicore.com/healthplan/bcbs
23470	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or
23472	RECONSTRUCT SHOULDER JOINT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
23472	RECONSTRUCT SHOULDER JOINT	https://www.evicore.com/healthplan/bcbs
23473	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or
25475	NEVIS NECONST SHOOLSEN SOUNT	https://www.evicore.com/healthplan/bcbs
23474	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
24587	TREAT ELBOW FRACTURE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
25310	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
25312	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including
23312	TRANSPLANT FOREARIN TENDON	functional impairment, and operative report.
		Tunctional impairment, and operative report.
26480	TRANSPLANT HAND TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
26483	TRANSPLANT/GRAFT HAND TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
26485	TRANSPLANT PALM TENDON	Due an austine and nation bistom, and who sign including
20485	TRANSPLANT PALINTENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
		Tunctional impairment, and operative report.
26489	TRANSPLANT/GRAFT PALM TENDON	Pre-operative evaluation, history and physical including
	,	functional impairment, and operative report.
27096	INJECT SACROILIAC JOINT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27125	PARTIAL HIP REPLACEMENT	eviCore - 1-855-252-1117 or
27130	TOTAL HIP ARTHROPLASTY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
2/130	TOTAL HIP AKTHKOPLASTY	https://www.evicore.com/healthplan/bcbs
27132	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or
27132	TO THE THE THROUGH E ST	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
27270	APTHRODESIS SACROULAS JOINT	https://www.evicore.com/healthplan/bcbs
27279	ARTHRODESIS SACROILIAC JOINT	eviCore - 1-855-252-1117 or
27280	FUSION OF SACROILIAC JOINT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	https://www.evicore.com/healthplan/bcbs
		mittps://www.evicore.com/nealthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
27332	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27333	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27334	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27335	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27396	TRANSPLANT OF THIGH TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27397	TRANSPLANTS OF THIGH TENDONS	Pre-operative evaluation, history and physical including
2,33,	The most Educate of Tringer (Endone	functional impairment, and operative report.
		runctional impairment, and operative report.
27403	REPAIR OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27405	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27407	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27409	REPAIR OF KNEE LIGAMENTS	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27412	AUTOCHONDROCYTE IMPLANT KNEE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	eviCore - 1-855-252-1117 or
27446		https://www.evicore.com/healthplan/bcbs
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	eviCore - 1-855-252-1117 or
27418	REPAIR DEGENERATED KNEECAP	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
27418	REPAIR DEGENERATED RNEECAP	
27420	REVISION OF UNSTABLE KNEECAP	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
27420	REVISION OF ONSTABLE RIVELCAP	https://www.evicore.com/healthplan/bcbs
27422	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or
2,422	NEVISION OF CHAIN BEE KIVEECK	https://www.evicore.com/healthplan/bcbs
27424	REVISION/REMOVAL OF KNEECAP	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27425	LAT RETINACULAR RELEASE OPEN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27427	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27428	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27429	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27430	REVISION OF THIGH MUSCLES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27438	REVISE KNEECAP WITH IMPLANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	bescription of Frocedure code	inculati necolus nequest information nequileu
Require Prior		
Authorization		
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
27445	DEVICION OF VALEE LOINT	https://www.evicore.com/healthplan/bcbs
27445	REVISION OF KNEE JOINT	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27446	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27447	TOTAL KNEE ARTHROPLASTY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27486	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27487	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
27557	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27558	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including
27330	TREAT RIVEE DISEOCATION	functional impairment, and operative report.
		ranctional impairment, and operative report.
27690	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27691	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
27602	DEVICE ADDITIONAL LEG TENDON	December 1 and 1 a
27692	REVISE ADDITIONAL LEG TENDON	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
28292	CORRECTION HALLUX VALGUS	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
29805	SHOULDER ARTHROSCOPY DX	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29806	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
29807	SHOULDER ARTHROSCOPY/SURGERY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
23007	SHOULDER ARTHRUSCUPT/SURGERY	https://www.evicore.com/healthplan/bcbs
29819	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
25015	S. OCEDENTANTINOSCOT 1/30NGENT	https://www.evicore.com/healthplan/bcbs
29820	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Wiedical Records Request Information Required
Require Prior		
Authorization		
29821	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
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29822	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29823	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29824	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29825	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29826	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29827	ARTHROSCOP ROTATOR CUFF REPR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29828	ARTHROSCOPY BICEPS TENODESIS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29860	HIP ARTHROSCOPY DX	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29861	HIP ARTHRO W/FB REMOVAL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29862	HIP ARTHRO W/DEBRIDEMENT	eviCore - 1-855-252-1117 or
20052		https://www.evicore.com/healthplan/bcbs
29863	HIP ARTHRO W/SYNOVECTOMY	eviCore - 1-855-252-1117 or
20066	ALITORET IN ADI NIT VALEE AN /COORE	https://www.evicore.com/healthplan/bcbs
29866	AUTGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or
29867	ALLGRFT IMPLNT KNEE W/SCOPE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
29807	ALLON T INTENT KINEL W/3COFE	https://www.evicore.com/healthplan/bcbs
29868	MENISCAL TRNSPL KNEE W/SCPE	eviCore - 1-855-252-1117 or
23000	WENISCAE THIVSTERINEE WYSELE	https://www.evicore.com/healthplan/bcbs
29870	KNEE ARTHROSCOPY DX	eviCore - 1-855-252-1117 or
23070	I I I I I I I I I I I I I I I I I I I	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	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29879	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29880	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29881	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Parametric Parametric Court	
Require Prior		
Authorization		
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
20006	VALEE A DTUDOS CODY/SUDCEDV	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
29886	KNEE ARTHROSCOPY/SURGERY	
29887	KNEE ARTHROSCOPY/SURGERY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
23007	KNEL AKTTIKOSCOF 1/30KGEKT	https://www.evicore.com/healthplan/bcbs
29888	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
23000	KNEE AKTTIKOSCOT 1/30KGEKT	https://www.evicore.com/healthplan/bcbs
29889	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or
23003	NATE ANTIMOSEST TYSOTICE INT	https://www.evicore.com/healthplan/bcbs
29914	HIP ARTHRO W/FEMOROPLASTY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29915	HIP ARTHRO ACETABULOPLASTY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
29916	HIP ARTHRO W/LABRAL REPAIR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
20420	DEL/(SION OF NOSE	2
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including
30 133	MEVISION OF MOSE	functional impairment, and operative report.
		Tanetional impairment, and operative report.
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including
30402	INEVISION OF NOSE	_ · · · · · · · · · · · · · · · · · · ·
		functional impairment, and operative report.
30520	REPAIR OF NASAL SEPTUM	Pre-operative evaluation, history and physical including
	THE PART OF TAXABLE SET TOTAL	functional impairment, and operative report.
		Tanctional impairment, and operative report.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
30801	ABLATE INF TURBINATE SUPERF	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30802	ABLATE INF TURBINATE SUBMUC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31575	DIAGNOSTIC LARYNGOSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
31579	LARYNGOSCOPY TELESCOPIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
31600	INCISION OF WINDPIPE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31830	REVISE WINDPIPE SCAR	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32850	DONOR PNEUMONECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32855	PREPARE DONOR LUNG SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32856	PREPARE DONOR LUNG DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.
33405	REPLACEMENT AORTIC VALVE OPN	Letter of medical necessity, including condition being treated.
33430	REPLACEMENT OF MITRAL VALVE	Letter of medical necessity, including condition being treated.
33933	PREPARE DONOR HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen parent on a rescaura code	mountain negative morniation negative
Require Prior		
Authorization		
33944	PREPARE DONOR HEART	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation. and date of transplant.
35879	REVISE GRAFT W/VEIN	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
36468	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
36469	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including
		functional impairment, and operative report.
37220	ILIAC REVASC	Pre-operative evaluation, history and physical including
		results of Doppler studies, and operative report.
37224	FEM/POPL REVAS W/TLA	Pre-operative evaluation, history and physical including
		results of Doppler studies, and operative report.
37227	FEM/POPL REVASC STNT & ATHER	Letter of medical necessity, including condition being
		treated.
37228	TIB/PER REVASC W/TLA	Pre-operative evaluation, history and physical including
		results of Doppler studies, and operative report.
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-operative evaluation, history and physical including
		results of Doppler studies, and operative report.
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Letter of medical necessity, including condition being
		treated.
37500	ENDOSCOPY LIGATE PERF VEINS	Pre-operative evaluation, history and physical and
		operative report.
37565	LIGATION OF NECK VEIN	Pre-operative evaluation, history and physical and
27652	DELVISION OF AAA 100 MEIN	operative report.
37650	REVISION OF MAJOR VEIN	Pre-operative evaluation, history and physical and
27700	DEVICE LEC VEIN	operative report. Pre-operative evaluation, history and physical and
37700	REVISE LEG VEIN	
37718	LIGATE/STRIP SHORT LEG VEIN	operative report. Pre-operative evaluation, history and physical and
3//10	LIGATE/STAIL SHOKE LEG VEIN	operative report.
37722	LIGATE/STRIP LONG LEG VEIN	Pre-operative evaluation, history and physical and
3.,22	List it joins to its test vein	operative report.
37735	REMOVAL OF LEG VEINS/LESION	Pre-operative evaluation, history and physical and
		operative report.
37760	LIGATE LEG VEINS RADICAL	History and physical and operative report.
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure code	medical records request morniation required
Require Prior		
Authorization		
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and
		operative report.
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and
		operative report.
38204	BL DONOR SEARCH MANAGEMENT	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38205	HARVEST ALLOGENEIC STEM CELL	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38208	THAW PRESERVED STEM CELLS	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38210	T-CELL DEPLETION OF HARVEST	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38211	TUMOR CELL DEPLETE OF HARVST	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38213	PLATELET DEPLETE OF HARVEST	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
2224	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	evaluation, and date of transplant.
38214	VOLUME DEPLETE OF HARVEST	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
20245		evaluation, and date of transplant.
38215	HARVEST STEM CELL CONCENTRTE	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
	DONE MADDOW HADVEST AND OCCU	evaluation, and date of transplant.
38230	BONE MARROW HARVEST ALLOGEN	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
20222	DONE MADDON/ HADVEST AUTOLOG	evaluation, and date of transplant.
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
20240	TRANSPIT ALLO LICT/DOMOR	evaluation, and date of transplant.
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
	1	evaluation, and date of transplant.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure Code	iwedical Records Request Information Required
Require Prior		
Authorization		
38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant
	· ·	If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
38242	TRANSPLT ALLO LYMPHOCYTES	If transplant approval on record: Date of transplant
		If no transplant approval: history and physical, transplant
		evaluation, and date of transplant.
40700	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40701	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40702	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40720	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40761	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40820	TREATMENT OF MOUTH LESION	History and physical and operative report.
41120	PARTIAL REMOVAL OF TONGUE	History and physical and operative report.
41512	TONGUE SUSPENSION	History and physical and operative report.
41530	TONGUE BASE VOL REDUCTION	History and physical, including sleep study results, results
		of CPAP trial.
42140	EXCISION OF UVULA	History and physical and operative report.
42145	REPAIR PALATE PHARYNX/UVULA	History and physical, including sleep study results, results
		of CPAP trial.
42200	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42205	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42210	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42215	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42220	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42225	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
43112	ESPHG TOT W/THRCM	History and physical and operative report.
43121	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43122	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43236	UPPR GI SCOPE W/SUBMUC INJ	History and physical and operative report.
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological
		evaluation, weight loss attempts, social supports.
43645	LAP GASTR BYPASS INCL SMLL I	History and physical, nutritional evaluation, psychological
		evaluation, weight loss attempts, social supports.
43659	LAPAROSCOPE PROC STOM	Letter of medical necessity, including condition being
		treated.
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological
		evaluation, weight loss attempts, social supports.
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological
		evaluation, weight loss attempts, social supports.
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological
		evaluation, weight loss attempts, social supports.
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological
		evaluation, weight loss attempts, social supports.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
43774	LAP RMVL GASTR ADJ ALL PARTS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43842	V-BAND GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43887	REMOVE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization 44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44137	REMOVE INTESTINAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44715	PREPARE DONOR INTESTINE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44720	PREP DONOR INTESTINE/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44721	PREP DONOR INTESTINE/ARTERY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
45126	PELVIC EXENTERATION	History and physical and procedure report.
46760	REPAIR OF ANAL SPHINCTER	History and physical and procedure report.
47120	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47122	EXTENSIVE REMOVAL OF LIVER	History and physical and procedure report.
47125	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47130	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47133	REMOVAL OF DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47140	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47141	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47142	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
47143	PREP DONOR LIVER WHOLE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47144	PREP DONOR LIVER 3-SEGMENT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47145	PREP DONOR LIVER LOBE SPLIT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47146	PREP DONOR LIVER/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47147	PREP DONOR LIVER/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47420	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47425	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48160	PANCREAS REMOVAL/TRANSPLANT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48550	DONOR PANCREATECTOMY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48551	PREP DONOR PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48552	PREP DONOR PANCREAS/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
48556	REMOVAL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50300	REMOVE CADAVER DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50320	REMOVE KIDNEY LIVING DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50323	PREP CADAVER RENAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50325	PREP DONOR RENAL GRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50327	PREP RENAL GRAFT/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50328	PREP RENAL GRAFT/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50329	PREP RENAL GRAFT/URETERAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50340	REMOVAL OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50360	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50370	REMOVE TRANSPLANTED KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		100000000000000000000000000000000000000
Require Prior		
Authorization		
50380	REIMPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant
		If no Transplant approval: history and physical, transplant
		evaluation, and date of transplant.
50544	LAPAROSCOPY PYELOPLASTY	If transplant approval on record: Date of Transplant
		If no Transplant approval: history and physical, transplant
		evaluation, and date of transplant.
50860	TRANSPLANT URETER TO SKIN	If transplant approval on record: Date of Transplant
		If no Transplant approval: history and physical, transplant
		evaluation, and date of transplant.
51580	REMOVE BLADDER/REVISE TRACT	If transplant approval on record: Date of Transplant
		If no Transplant approval: history and physical, transplant
		evaluation, and date of transplant.
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical
		necessity, operative report.
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical
		necessity, operative report.
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical
54125	REMOVAL OF PENIS	necessity, operative report. Submit history and physical, documentation of medical
54125	REIVIOVAL OF PENIS	necessity, operative report.
54304	REVISION OF PENIS	Submit history and physical, documentation of medical
34304	NEVISION OF FEMIS	necessity, operative report.
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical
		necessity, operative report.
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical
54405	INSERT MULTI-COMP PENIS PROS	necessity, operative report. Submit history and physical, documentation of medical
		necessity, operative report.
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical
		necessity, operative report.
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical
F4410	DEMONIE (DEDI ACE DEMIC DECETI	necessity, operative report.
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical
54411	REMOV/REPLC PENIS PROS COMP	necessity, operative report. Submit history and physical, documentation of medical
		necessity, operative report.
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical
		necessity, operative report.
54416	REMV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical
E4417	DEMAY/DEDLC DENIS DDGS COMPI	necessity, operative report.
54417	REMV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical
		necessity, operative report.
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical
		necessity, operative report.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical
		necessity, operative report.
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical
		necessity, operative report.
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical
		necessity, operative report.
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical
		necessity, operative report.
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical
		necessity, operative report.
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical
F.CO.F.	DED AID CLITORIS	necessity, operative report.
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical
56040	DEDAID OF DEDINITION	necessity, operative report.
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical
57106	REMOVE VAGINA WALL PARTIAL	necessity, operative report. Submit history and physical, documentation of medical
37100	REIVIOVE VAGINA WALL PARTIAL	
57107	REMOVE VAGINA TISSUE PART	necessity, operative report. Submit history and physical, documentation of medical
3/10/	REIVIOVE VAGINA 11330E PART	
57110	REMOVE VAGINA WALL COMPLETE	necessity, operative report. Submit history and physical, documentation of medical
37110	KENIOVE VAGINA WALE COMILETE	necessity, operative report.
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical
3,111	NEW OVE VIOLOTO TISSUE COM E	necessity, operative report.
57288	REPAIR BLADDER DEFECT	Letter of medical necessity, including condition being
		treated.
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical
		necessity, operative report.
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical
		necessity, operative report.
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical
		necessity, operative report.
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical
		necessity, operative report.
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical
		necessity, operative report.
57335	REPAIR VAGINA	Submit history and physical, documentation of medical
		necessity, operative report.
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical
		necessity, operative report.
58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical
F0100	DARTIAL LIVETERS CTORAY	necessity, operative report.
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical
E9240	DEMOVAL OF DELVIS CONTENTS	necessity, operative report.
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical
E8360	VAGINAL HYSTERECTOMY	necessity, operative report. Submit history and physical, documentation of medical
58260	VAGINAL HISTERECTORIT	
58262	VAG HYST INCLUDING T/O	necessity, operative report. Submit history and physical, documentation of medical
30202	VAS ITIST INCLUDING 1/U	
		necessity, operative report.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
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58275	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical
		necessity, operative report.
58280	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical
		necessity, operative report.
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical
		necessity, operative report.
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical
		necessity, operative report.
58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical
		necessity, operative report.
58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical
		necessity, operative report.
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical
50542	LCULUTEDUS ADOVE 350 C	necessity, operative report.
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical
F0F44	LCLLAW/T/O LITERUS ARONE 350 C	necessity, operative report.
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical
58550	LAPARO-ASST VAG HYSTERECTOMY	necessity, operative report. Submit history and physical, documentation of medical
58550	LAPARO-ASSI VAG HYSTERECTOMY	
58552	LAPARO-VAG HYST INCL T/O	necessity, operative report. Submit history and physical, documentation of medical
36332	LAPARO-VAG HTST INCL 1/O	
58553	LAPARO-VAG HYST COMPLEX	necessity, operative report. Submit history and physical, documentation of medical
36333	LAI ANG-VAG III SI COMI LLA	necessity, operative report.
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical
30334	En rine vita i i si wi i ye celin E	necessity, operative report.
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical
		necessity, operative report.
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical
	, ,	necessity, operative report.
58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical
		necessity, operative report.
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical
		necessity, operative report.
58670	LAPAROSCOPY TUBAL CAUTERY	Letter of medical necessity, including condition being
		treated.
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical
		necessity, operative report.
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical
		necessity, operative report.
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical
		necessity, operative report.
60512	AUTOTRANSPLANT PARATHYROID	Submit history and physical, documentation of medical
50445		necessity including operative report.
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical
62426	DEDAID CRITIL CAN ITTLE COO.	necessity including operative report.
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical
62262	EDIDLIDAL LYCIC MALLET CECCLONIC	necessity including operative report.
62263	EPIDURAL LYSIS MULT SESSIONS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
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Authorization		
62264	EPIDURAL LYSIS ON SINGLE DAY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
62280	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
62281	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
62282	TREAT SPINAL CANAL LESION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
62287	PERCUTANEOUS DISKECTOMY	eviCore - 1-855-252-1117 or
62202	NUV CUENTONUCI FOLVCIC LAND	https://www.evicore.com/healthplan/bcbs
62292	NJX CHEMONUCLEOLYSIS LMBR	eviCore - 1-855-252-1117 or
62320	NJX INTERLAMINAR CRV/THRC	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
02320	NJA INTERLAMINAR CRV/THRC	https://www.evicore.com/healthplan/bcbs
62321	NJX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or
02321	NOT INTEREACTION AR CRY/ TIME	https://www.evicore.com/healthplan/bcbs
62322	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or
0=0==		https://www.evicore.com/healthplan/bcbs
62323	NJX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or
	, in the second of the second	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
52353		https://www.evicore.com/healthplan/bcbs
62350	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or
62351	IMPLANT SPINAL CANAL CATH	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
02331	IIVIPLANT SPINAL CANAL CATH	https://www.evicore.com/healthplan/bcbs
62360	INSERT SPINE INFUSION DEVICE	eviCore - 1-855-252-1117 or
02300	INSERT STATE AND OSIGN BEVICE	https://www.evicore.com/healthplan/bcbs
62361	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
62362	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63001	REMOVE SPINE LAMINA 1/2 CRVL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63005	REMOVE SPINE LAMINA 1/2 LMBR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63012	REMOVE LAMINA/FACETS LUMBAR	eviCore - 1-855-252-1117 or
C201F	DENAOVE CRIME LANGUA & 2 CRIVEL	https://www.evicore.com/healthplan/bcbs
63015	REMOVE SPINE LAMINA >2 CRVCL	eviCore - 1-855-252-1117 or
63017	REMOVE SPINE LAMINA >2 LMBR	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
03017	INCIVIOVE SPINE LAWIINA 22 LIVIDR	
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Bescription of Frocedure code	inculcul records request information required
Require Prior		
Authorization		
63020	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63030	LOW BACK DISK SURGERY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63035	SPINAL DISK SURGERY ADD-ON	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63040	LAMINOTOMY SINGLE CERVICAL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63042	LAMINOTOMY SINGLE LUMBAR	eviCore - 1-855-252-1117 or
50040		https://www.evicore.com/healthplan/bcbs
63043	LAMINOTOMY ADDL CERVICAL	eviCore - 1-855-252-1117 or
62044	LAAAINOTOAAV ARRI LUAARAR	https://www.evicore.com/healthplan/bcbs
63044	LAMINOTOMY ADDL LUMBAR	eviCore - 1-855-252-1117 or
63045	REMOVE SPINE LAMINA 1 CRVL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
03043	REIVIOVE SPINE LAIVIINA I CRVL	https://www.evicore.com/healthplan/bcbs
63047	REMOVE SPINE LAMINA 1 LMBR	eviCore - 1-855-252-1117 or
03047	NEWIOVE STINE EAVIINA I EIVIBR	https://www.evicore.com/healthplan/bcbs
63048	REMOVE SPINAL LAMINA ADD-ON	eviCore - 1-855-252-1117 or
030 10		https://www.evicore.com/healthplan/bcbs
63050	CERVICAL LAMINOPLSTY 2/> SEG	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63051	C-LAMINOPLASTY W/GRAFT/PLATE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63056	DECOMPRESS SPINAL CORD LMBR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63057	DECOMPRESS SPINE CORD ADD-ON	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63075	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or
50076	NEGV COUNT DIGW CUID OF DV	https://www.evicore.com/healthplan/bcbs
63076	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or
63081	REMOVE VERT BODY DCMPRN CRVL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
03001	REMOVE VERT BODY DCMPRIN CRVL	https://www.evicore.com/healthplan/bcbs
63082	REMOVE VERTEBRAL BODY ADD-ON	eviCore - 1-855-252-1117 or
03002	NEWIOVE VERTEBRINE BOST NOS GR	https://www.evicore.com/healthplan/bcbs
63650	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63655	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63685	INSRT/REDO SPINE N GENERATOR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
63688	REVISE/REMOVE NEURORECEIVER	ubmit history and physical, documentation of medical
		necessity.
64400	N BLOCK INJ TRIGEMINAL	Submit history and physical, documentation of medical
54405	 	necessity including operative report.
64402	N BLOCK INJ FACIAL	Submit history and physical, documentation of medical
CAAOF	N DI OCK INI OCCIDITAL	necessity including operative report.
64405	N BLOCK INJ OCCIPITAL	Submit history and physical, documentation of medical
	1	necessity including operative report.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen parent en l'indecaure deux	incursal necessas nequest information nequined
Require Prior		
Authorization		
64408	N BLOCK INJ VAGUS	Submit history and physical, documentation of medical
		necessity including operative report.
64410	N BLOCK INJ PHRENIC	Submit history and physical, documentation of medical
		necessity including operative report.
64413	N BLOCK INJ CERVICAL PLEXUS	Submit history and physical, documentation of medical
		necessity including operative report.
64415	N BLOCK INJ BRACHIAL PLEXUS	Submit history and physical, documentation of medical
		necessity including operative report.
64416	N BLOCK CONT INFUSE B PLEX	Submit history and physical, documentation of medical
		necessity including operative report.
64417	N BLOCK INJ AXILLARY	Submit history and physical, documentation of medical
		necessity including operative report.
64418	N BLOCK INJ SUPRASCAPULAR	Submit history and physical, documentation of medical
		necessity including operative report.
64420	N BLOCK INJ INTERCOST SNG	Submit history and physical, documentation of medical
		necessity including operative report.
64421	N BLOCK INJ INTERCOST MLT	Submit history and physical, documentation of medical
64425	N 51 00% NU N 10 N 10 / 1 N 20 01	necessity including operative report.
64425	N BLOCK INJ ILIO-ING/HYPOGI	Submit history and physical, documentation of medical
64420	N DI OCK INII DI IDENIDAI	necessity including operative report.
64430	N BLOCK INJ PUDENDAL	Submit history and physical, documentation of medical
64425	N DI OCK INI DADACEDVICAL	necessity including operative report. Submit history and physical, documentation of medical
64435	N BLOCK INJ PARACERVICAL	
64445	N BLOCK INJ SCIATIC SNG	necessity including operative report. Submit history and physical, documentation of medical
04443	IN BLOCK IN SCIATIC SING	necessity including operative report.
64446	N BLK INJ SCIATIC CONT INF	Submit history and physical, documentation of medical
04440	N BER IN SELVINE CONT IN	necessity including operative report.
64447	N BLOCK INJ FEM SINGLE	Submit history and physical, documentation of medical
		necessity including operative report.
64448	N BLOCK INJ FEM CONT INF	Submit history and physical, documentation of medical
		necessity including operative report.
64449	N BLOCK INJ LUMBAR PLEXUS	Submit history and physical, documentation of medical
		necessity including operative report.
64450	N BLOCK OTHER PERIPHERAL	Submit history and physical, documentation of medical
		necessity including operative report.
64451	NJX AA&/STRD NRV NRVTG SI JT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64455	N BLOCK INJ PLANTAR DIGIT	Submit history and physical, documentation of medical
		necessity including operative report.
64479	INJ FORAMEN EPIDURAL C/T	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64480	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64483	INJ FORAMEN EPIDURAL L/S	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64484	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or
C440C	INLEDADAN/EDT 5 INT C/T 4 : 5 :	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

Procedure	Description of Presedure Code	Madical Passards Paguest Information Paguired
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior Authorization		
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
C 4 4 0 F	INLEDADAVEDT FUNT L/C 2 LEV	https://www.evicore.com/healthplan/bcbs
64495	INJ PARAVERT F JNT L/S 3 LEV	eviCore - 1-855-252-1117 or
64505	N BLOCK SPENOPALATINE GANGL	https://www.evicore.com/healthplan/bcbs Submit history and physical, documentation of medical
04303	N BLOCK SPENOPALATINE GANGE	necessity including operative report.
64508	AMA short description not avalialable.	Submit history and physical, documentation of medical
	,	necessity including operative report.
64510	N BLOCK STELLATE GANGLION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64517	N BLOCK INJ HYPOGAS PLXS	Submit history and physical, documentation of medical
		necessity including operative report.
64520	N BLOCK LUMBAR/THORACIC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64530	N BLOCK INJ CELIAC PELUS	Submit history and physical, documentation of medical
		necessity including operative report.
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical
64625	DE ADITIADO ANDITO CLIT	necessity including operative report. eviCore - 1-855-252-1117 or
04025	RF ABLTJ NRV NRVTG SI JT	https://www.evicore.com/healthplan/bcbs
64633	DESTROY CERV/THOR FACET JNT	eviCore - 1-855-252-1117 or
0.000	DESTRUCT CERT, THE REPORT SILE	https://www.evicore.com/healthplan/bcbs
64634	DESTROY C/TH FACET JNT ADDL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64635	DESTROY LUMB/SAC FACET JNT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64636	DESTROY L/S FACET JNT ADDL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
64721	CARPAL TUNNEL SURGERY	Submit history and physical, documentation of medical
64000	NEDVOUS SYSTEM SUBSERV	necessity including operative report.
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include
		history and physical with operative report or procedure
65710	CORNEAL TRANSPLANT	report. Pre-operative evaluation, history and physical and
03/10	COMMENT MAINSFEAMI	operative report.
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and
		operative report.
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and
		operative report.
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and
		operative report.
65756	CORNEAL TRNSPL ENDOTHELIAL	Pre-operative evaluation, history and physical and
		operative report.
65757	PREP CORNEAL ENDO ALLOGRAFT	Pre-operative evaluation, history and physical and
		operative report.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	iviedical Records Request Information Required
Require Prior		
Authorization		
65767	CORNEAL TISSUE TRANSPLANT	Pre-operative evaluation, history and physical and
		operative report.
65780	OCULAR RECONST TRANSPLANT	Pre-operative evaluation, history and physical and
		operative report.
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and
		Operative report
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being
		treated.
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being
57000	DED 410 EVELID DEFECT	treated.
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being
67004	DEDAID EVELID DEFECT	treated.
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being
67906	REPAIR EYELID DEFECT	treated. Letter of medical necessity, including condition being
07900	REPAIR ETELID DEFECT	
67908	REPAIR EYELID DEFECT	treated. Letter of medical necessity, including condition being
07500	NEI AIN ETELIO DEI LET	treated.
69300	REVISE EXTERNAL EAR	Letter of medical necessity, including condition being
		treated.
69604	MASTOID SURGERY REVISION	Pre-operative evaluation, history and physical and
		operative report.
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and
		operative report.
69715	TEMPLE BNE IMPLNT W/STIMULAT	Pre-operative evaluation, operative eport, previous use of
		hearing aids, level of hearing Impairment.
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative eport, previous use of
		hearing aids, level of hearing Impairment.
69718	REVISE TEMPLE BONE IMPLANT	Pre-operative evaluation, operative eport, previous use of
		hearing aids, level of hearing Impairment.
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative eport, previous use of
70226	MAACNIETIC INAACE IAWA IOINIT	hearing aids, level of hearing Impairment.
70336	MAGNETIC IMAGE JAW JOINT	eviCore - 1-855-252-1117 or
70450	CT HEAD/BRAIN W/O DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70430	CITIEAD/BILAIN W/O DIE	https://www.evicore.com/healthplan/bcbs
70460	CT HEAD/BRAIN W/DYE	eviCore - 1-855-252-1117 or
	0	https://www.evicore.com/healthplan/bcbs
70470	CT HEAD/BRAIN W/O & W/DYE	eviCore - 1-855-252-1117 or
	, , , , , , ,	https://www.evicore.com/healthplan/bcbs
70480	CT ORBIT/EAR/FOSSA W/O DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70481	CT ORBIT/EAR/FOSSA W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70486	CT MAXILLOFACIAL W/O DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70487	CT MAXILLOFACIAL W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
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
70406	CT ANGIOCRAPHY UEAR	https://www.evicore.com/healthplan/bcbs
70496	CT ANGIOGRAPHY HEAD	eviCore - 1-855-252-1117 or
70498	CT ANGIOGRAPHY NECK	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70498	CI ANGIOGRAPHY NECK	
70540	MRI ORBIT/FACE/NECK W/O DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70340	WINI ONDITYTACL/NECK W/O DTE	https://www.evicore.com/healthplan/bcbs
70542	MRI ORBIT/FACE/NECK W/DYE	eviCore - 1-855-252-1117 or
70342	Will GRBH/T/REE/REER W/BTE	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
70540	MP ANGIOCRAPH NECKAN/ORAN/DVE	https://www.evicore.com/healthplan/bcbs
70549	MR ANGIOGRAPH NECK W/O&W/DYE	eviCore - 1-855-252-1117 or
70551	MRI BRAIN STEM W/O DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70331	IVINI BRAIN STEIN W/O DTE	https://www.evicore.com/healthplan/bcbs
70552	MRI BRAIN STEM W/DYE	eviCore - 1-855-252-1117 or
70332	With Blowing Stelly W/ Bit	https://www.evicore.com/healthplan/bcbs
70553	MRI BRAIN STEM W/O & W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70554	FMRI BRAIN BY TECH	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70555	FMRI BRAIN BY PHYS/PSYCH	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
70557	MRI BRAIN W/O DYE	For Prior Authorization: history and physical, results of
		previous diagnostics procedure report.
70558	MRI BRAIN W/DYE	For Prior Authorization: history and physical, results of
		previous diagnostics procedure report.
70559	MRI BRAIN W/O & W/DYE	For Prior Authorization: history and physical, results of
74250	CT THORAY IM/O DV5	previous diagnostics procedure report.
71250	CT THORAX W/O DYE	eviCore - 1-855-252-1117 or
71260	CT THORAY IM/DVF	https://www.evicore.com/healthplan/bcbs
71260	CT THORAX W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
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
74550	NADI CUEST W/O O W/DVE	https://www.evicore.com/healthplan/bcbs
71552	MRI CHEST W/O & W/DYE	eviCore - 1-855-252-1117 or
71555	MADI ANICIO CUEST W OD W/O DVE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
/1555	MRI ANGIO CHEST W OR W/O DYE	
72125	CT NECK SPINE W/O DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
72125	CT NECK STINE W/O DIE	https://www.evicore.com/healthplan/bcbs
72126	CT NECK SPINE W/DYE	eviCore - 1-855-252-1117 or
72120	CT NECKSTINE W/BTE	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
72133	CT LUMBAR SPINE W/O & W/DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
/2133	CT LUIVIBAR SPINE W/O & W/DTE	https://www.evicore.com/healthplan/bcbs
72141	MRI NECK SPINE W/O DYE	eviCore - 1-855-252-1117 or
72141	WINT NEEK STINE W/O DIE	https://www.evicore.com/healthplan/bcbs
72142	MRI NECK SPINE W/DYE	eviCore - 1-855-252-1117 or
,	1,,,,,,,	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
72457	MDI CHECT CDINE W/O G W/DVE	https://www.evicore.com/healthplan/bcbs
72157	MRI CHEST SPINE W/O & W/DYE	eviCore - 1-855-252-1117 or
72158	MRI LUMBAR SPINE W/O & W/DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
72136	IVINI LOIVIDAN SPIINE W/O & W/DTE	https://www.evicore.com/healthplan/bcbs
72159	MR ANGIO SPINE W/O&W/DYE	eviCore - 1-855-252-1117 or
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		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
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
72196	MRI PELVIS W/DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
72196	INIKI PELVIS W/DYE	
72197	MRI PELVIS W/O & W/DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
72137	WINT LEVIS W/O & W/DIE	https://www.evicore.com/healthplan/bcbs
72198	MR ANGIO PELVIS W/O & W/DYE	eviCore - 1-855-252-1117 or
72130	10.00 1 221.5 10,0 G 10,5 12	https://www.evicore.com/healthplan/bcbs
73200	CT UPPER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73201	CT UPPER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73202	CT UPPR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73206	CT ANGIO UPR EXTRM W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73218	MRI UPPER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or
72240	AADLLIDDED EVEDENALTVAA/DVE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
73219	MRI UPPER EXTREMITY W/DYE	https://www.evicore.com/healthplan/bcbs
73220	MRI UPPR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or
73220	WINI OFFICEATINE WITT W/OWW/DTE	https://www.evicore.com/healthplan/bcbs
73221	MRI JOINT UPR EXTREM W/O DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73222	MRI JOINT UPR EXTREM W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73223	MRI JOINT UPR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73225	MR ANGIO UPR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73700	CT LOWER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or
72704	CT LOWED EVEDENTED AND A STATE OF THE STATE	https://www.evicore.com/healthplan/bcbs
73701	CT LOWER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or
73702	CT LWR EXTREMITY W/O&W/DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
73702	CI LVVK EXTREIVITT VV/OQVV/DTE	https://www.evicore.com/healthplan/bcbs
73706	CT ANGIO LWR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or
. 3700	J. ANGIO EWA EATH W/JOWW/DIE	https://www.evicore.com/healthplan/bcbs
73718	MRI LOWER EXTREMITY W/O DYE	eviCore - 1-855-252-1117 or
	11, 2 2 1 2	https://www.evicore.com/healthplan/bcbs
73719	MRI LOWER EXTREMITY W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	,	
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73720	MRI LWR EXTREMITY W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73721	MRI JNT OF LWR EXTRE W/O DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73722	MRI JOINT OF LWR EXTR W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73723	MRI JOINT LWR EXTR W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
73725	MR ANG LWR EXT W OR W/O DYE	eviCore - 1-855-252-1117 or
74150	CT ARRONAEN W/O DVF	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
74150	CT ABDOMEN W/O DYE	
74160	CT ABDOMEN W/DYE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
74100	CI ADDOMEN W/DIE	https://www.evicore.com/healthplan/bcbs
74170	CT ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or
7 1270	0171250MEN 1170 Q 117212	https://www.evicore.com/healthplan/bcbs
74174	CT ANGIO ABD&PELV W/O&W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
74175	CT ANGIO ABDOM W/O & W/DYE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
74176	CT ABD & PELVIS W/O CONTRAST	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
74177	CT ABD & PELV W/CONTRAST	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
74178	CT ABD & PELV 1/> REGNS	eviCore - 1-855-252-1117 or
74101	MADLA DOOMENI MIZO DVE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
74181	MRI ABDOMEN W/O DYE	https://www.evicore.com/healthplan/bcbs
74182	MRI ABDOMEN W/DYE	eviCore - 1-855-252-1117 or
74102	WINI ADDOMEN WYDTE	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
74742	MADI FETAL CALCULAGE OF CENTRAL	https://www.evicore.com/healthplan/bcbs
74712	MRI FETAL SNGL/1ST GESTATION	eviCore - 1-855-252-1117 or
74713	MRI FETAL EA ADDL GESTATION	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
74/13	WINI FETAL LA ADDE GESTATION	https://www.evicore.com/healthplan/bcbs
75635	CT ANGIO ABDOMINAL ARTERIES	eviCore - 1-855-252-1117 or
, 3033	O. AITOIO ADDOMINAL AITTENED	https://www.evicore.com/healthplan/bcbs
76376	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or
	,	https://www.evicore.com/healthplan/bcbs
76377	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen parent en l'indicada le Gode	inculsul resolus request information required
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76380	CAT SCAN FOLLOW-UP STUDY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76390	MR SPECTROSCOPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76391	MR ELASTOGRAPHY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76497	CT PROCEDURE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76498	MRI PROCEDURE	eviCore - 1-855-252-1117 or
76506	ECHO EVANA OF HEAD	https://www.evicore.com/healthplan/bcbs
76506	ECHO EXAM OF HEAD	eviCore - 1-855-252-1117 or
76536	US EXAM OF HEAD AND NECK	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70330	03 EXAM OF HEAD AND NECK	https://www.evicore.com/healthplan/bcbs
76604	US EXAM CHEST	eviCore - 1-855-252-1117 or
70004	OS EXAMINICITEST	https://www.evicore.com/healthplan/bcbs
76641	ULTRASOUND BREAST COMPLETE	eviCore - 1-855-252-1117 or
700.1		https://www.evicore.com/healthplan/bcbs
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
76776	LIC EVANA K TRANICRI W/DORRI ER	https://www.evicore.com/healthplan/bcbs
76776	US EXAM K TRANSPL W/DOPPLER	eviCore - 1-855-252-1117 or
76800	US EXAM SPINAL CANAL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70000	OS EXAM SI IIVAE CAIVAE	https://www.evicore.com/healthplan/bcbs
76801	OB US < 14 WKS SINGLE FETUS	eviCore - 1-855-252-1117 or
70001	05 05 (11 000000000000000000000000000000	https://www.evicore.com/healthplan/bcbs
76802	OB US < 14 WKS ADDL FETUS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76805	OB US >/= 14 WKS SNGL FETUS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76810	OB US >/= 14 WKS ADDL FETUS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76811	OB US DETAILED SNGL FETUS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76812	OB US DETAILED ADDL FETUS	eviCore - 1-855-252-1117 or
35045		https://www.evicore.com/healthplan/bcbs
76813	OB US NUCHAL MEAS 1 GEST	eviCore - 1-855-252-1117 or
70014	OR LICAULOUAL MEAGARD ON	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

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen parent en l'indicadre de de	mountain negation negation negation
Require Prior		
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76815	OB US LIMITED FETUS(S)	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76816	OB US FOLLOW-UP PER FETUS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76817	TRANSVAGINAL US OBSTETRIC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76818	FETAL BIOPHYS PROFILE W/NST	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
76819	FETAL BIOPHYS PROFIL W/O NST	eviCore - 1-855-252-1117 or
76020	LINADULICAL ADTERVICUO	https://www.evicore.com/healthplan/bcbs
76820	UMBILICAL ARTERY ECHO	eviCore - 1-855-252-1117 or
76821	MIDDLE CEREBRAL ARTERY ECHO	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70021	WIDDLE CEREBRAL ARTERY ECHO	https://www.evicore.com/healthplan/bcbs
76825	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or
70025	ECHO EXAMINI OF PETALTICANT	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
	110 57/444 9517 (10 114 41759	https://www.evicore.com/healthplan/bcbs
76857	US EXAM PELVIC LIMITED	eviCore - 1-855-252-1117 or
76870	US EXAM SCROTUM	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70070	US EXAIVI SCRUTUIVI	https://www.evicore.com/healthplan/bcbs
76872	US TRANSRECTAL	eviCore - 1-855-252-1117 or
70072	os montecinte	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
76075	CLENDOCCODIC III TO ACCUMID	https://www.evicore.com/healthplan/bcbs
76975	GI ENDOSCOPIC ULTRASOUND	eviCore - 1-855-252-1117 or
76978	US TRGT DYN MBUBB 1ST LES	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70376	O2 LVG1 DLIV INIDODD T31 FE3	
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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76979	US TRGT DYN MBUBB EA ADDL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77014	CT SCAN FOR THERAPY GUIDE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77021	MRI GUIDANCE NDL PLMT RS&I	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77022	MRI GDN PARNCHYMA TISS ABLTJ	eviCore - 1-855-252-1117 or
77046	AADI DDEACT C. HANN ATEDA I	https://www.evicore.com/healthplan/bcbs
77046	MRI BREAST C- UNILATERAL	eviCore - 1-855-252-1117 or
77047	MRI BREAST C- BILATERAL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77047	IVIKI BREAST C- BILATERAL	https://www.evicore.com/healthplan/bcbs
77048	MRI BREAST C-+ W/CAD UNI	eviCore - 1-855-252-1117 or
77048	WINI BREAST C-1 W/CAD ONI	https://www.evicore.com/healthplan/bcbs
77049	MRI BREAST C-+ W/CAD BI	eviCore - 1-855-252-1117 or
77013	With Bitter 6 × 11, 6, 15 Bi	https://www.evicore.com/healthplan/bcbs
77078	CT BONE DENSITY AXIAL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77084	MAGNETIC IMAGE BONE MARROW	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77261	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77262	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77263	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77280	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or
77285	SET RADIATION THERAPY FIELD	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
//285	SET RADIATION THERAPY FIELD	https://www.evicore.com/healthplan/bcbs
77290	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or
77230	SET RADIATION THERAIT THEED	https://www.evicore.com/healthplan/bcbs
77293	RESPIRATOR MOTION MGMT SIMUL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77295	3-D RADIOTHERAPY PLAN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77299	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77300	RADIATION THERAPY DOSE PLAN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77301	RADIOTHERAPY DOSE PLAN IMRT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77306	TELETHX ISODOSE PLAN SIMPLE	eviCore - 1-855-252-1117 or
77207	TELETIIVICODOCE DI ANI CDI V	https://www.evicore.com/healthplan/bcbs
77307	TELETHX ISODOSE PLAN CPLX	eviCore - 1-855-252-1117 or
77316	BRACHYTX ISODOSE PLAN SIMPLE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77310	BRACITI IX ISODOSE PLAN SIMPLE	https://www.evicore.com/healthplan/bcbs
77317	BRACHYTX ISODOSE INTERMED	eviCore - 1-855-252-1117 or
,,,,,,,	BIN CHITTA ISOSOSE IINTERIVIED	https://www.evicore.com/healthplan/bcbs
		THUBS.//WWW.evicore.com/Healthplan/DCDS

Procedure	Description of Procedure Code	Medical Records Request Information Required
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77318	BRACHYTX ISODOSE COMPLEX	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77321	SPECIAL TELETX PORT PLAN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77331	SPECIAL RADIATION DOSIMETRY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77332	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77333	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or
77224	DADIATION TOTATMENT AID(C)	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77334	RADIATION TREATMENT AID(S)	
77336	RADIATION PHYSICS CONSULT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77330	RADIATION THISIES CONSOLI	https://www.evicore.com/healthplan/bcbs
77338	DESIGN MLC DEVICE FOR IMRT	eviCore - 1-855-252-1117 or
77555	DESIGN WILE DE VIEE I ON WINN	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
77385	NTSTY MODUL RAD TX DLVR SMPL	eviCore - 1-855-252-1117 or
=====	NECENTAL COLUMN CAR THE COLUMN COLUMN	https://www.evicore.com/healthplan/bcbs
77386	NTSTY MODUL RAD TX DLVR CPLX	eviCore - 1-855-252-1117 or
77387	GUIDANCE FOR RADJ TX DLVR	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
//30/	GOIDANCE FOR RADJ 1X DEVR	https://www.evicore.com/healthplan/bcbs
77399	EXTERNAL RADIATION DOSIMETRY	eviCore - 1-855-252-1117 or
77333	EXTERNAL IONS IN CITIES OF STATE IN	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
77422	NEUTDON DEADATY CONTRI	https://www.evicore.com/healthplan/bcbs
77423	NEUTRON BEAM TX COMPLEX	eviCore - 1-855-252-1117 or
77424	IO RAD TX DELIVERY BY X-RAY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77424	IO RAD IX DELIVERY BY X-KAY	https://www.evicore.com/healthplan/bcbs
77425	IO RAD TX DELIVER BY ELCTRNS	eviCore - 1-855-252-1117 or
, , 123	IS IN DELIVER DI ELETTING	https://www.evicore.com/healthplan/bcbs
77427	RADIATION TX MANAGEMENT X5	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		,
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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
77.470	SDESIAL DADIATION TREATMENT	https://www.evicore.com/healthplan/bcbs
77470	SPECIAL RADIATION TREATMENT	eviCore - 1-855-252-1117 or
77400	RADIATION THERAPY MANAGEMENT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77499	RADIATION THERAPY WANAGEMENT	
77520	PROTON TRMT SIMPLE W/O COMP	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77320	TROTON TRIVIT SIIVII EE WYO COMI	https://www.evicore.com/healthplan/bcbs
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or
,,,,,,	1.10.1011 11.1111 21.111 22 11, 001111	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
77645	LIV/DEDTHERN ALA TREATA AFAIT	https://www.evicore.com/healthplan/bcbs
77615	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or
77620	HYPERTHERMIA TREATMENT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77020	HIPERIHERIMIA IREATIVIENT	https://www.evicore.com/healthplan/bcbs
77750	INFUSE RADIOACTIVE MATERIALS	eviCore - 1-855-252-1117 or
77730	IN OSE WISTORIULE WINTERWALES	https://www.evicore.com/healthplan/bcbs
77761	APPLY INTRCAV RADIAT SIMPLE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77762	APPLY INTRCAV RADIAT INTERM	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77763	APPLY INTRCAV RADIAT COMPL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77767	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77768	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or
77770	LIDD DDAIGLAITECT! (1041) DDGUTTI	https://www.evicore.com/healthplan/bcbs
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
77771	HUN NUNCLINING IL/ICAV BRCHIX	https://www.evicore.com/healthplan/bcbs
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or
. , , , , 2	TO THE TENT OF THE	https://www.evicore.com/healthplan/bcbs
77778	APPLY INTERSTIT RADIAT COMPL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
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77789	APPLY SURF LDR RADIONUCLIDE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77790	RADIATION HANDLING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
77799	RADIUM/RADIOISOTOPE THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78012	THYROID UPTAKE MEASUREMENT	eviCore - 1-855-252-1117 or
70043	THIN DOLD IN A CINIC WITH COD FLOW	https://www.evicore.com/healthplan/bcbs
78013	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or
78014	THYPOID IMACING W/DLOOD FLOW	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
78014	THYROID IMAGING W/BLOOD FLOW	
78015	THYROID MET IMAGING	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70013	TITINOID WET IWAGING	https://www.evicore.com/healthplan/bcbs
78016	THYROID MET IMAGING/STUDIES	eviCore - 1-855-252-1117 or
70010	Time is with item to ite grant of the state	https://www.evicore.com/healthplan/bcbs
78018	THYROID MET IMAGING BODY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78020	THYROID MET UPTAKE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78070	PARATHYROID PLANAR IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78071	PARATHYRD PLANAR W/WO SUBTRJ	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78072	PARATHYRD PLANAR W/SPECT&CT	eviCore - 1-855-252-1117 or
	10051111 00075110 0 11501111 1 1140	https://www.evicore.com/healthplan/bcbs
78075	ADRENAL CORTEX & MEDULLA IMG	eviCore - 1-855-252-1117 or
78102	BONE MARROW IMAGING LTD	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
76102	BONE WARROW IWAGING LID	https://www.evicore.com/healthplan/bcbs
78103	BONE MARROW IMAGING MULT	eviCore - 1-855-252-1117 or
70103	BONE WANNOW IWAGING WOLF	https://www.evicore.com/healthplan/bcbs
78104	BONE MARROW IMAGING BODY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78185	SPLEEN IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78195	LYMPH SYSTEM IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78201	LIVER IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78202	LIVER IMAGING WITH FLOW	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78215	LIVER AND SPLEEN IMAGING	eviCore - 1-855-252-1117 or
70216	LIVED 8 CDI FENI INAA CE /EL CVA/	https://www.evicore.com/healthplan/bcbs
78216	LIVER & SPLEEN IMAGE/FLOW	eviCore - 1-855-252-1117 or
78226	HEPATOBILIARY SYSTEM IMAGING	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70220	TILPATOBILIANT STSTEW IWAGING	https://www.evicore.com/healthplan/bcbs
78227	HEPATOBIL SYST IMAGE W/DRUG	eviCore - 1-855-252-1117 or
, 5227	TIEL / TOBIE 3131 IIVIAGE W/ DIGG	https://www.evicore.com/healthplan/bcbs
		mttps.//www.evicore.com/nearthpidn/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen priori o i i roscaure coue	mountain negative medical medical medical
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78230	SALIVARY GLAND IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78231	SERIAL SALIVARY IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78232	SALIVARY GLAND FUNCTION EXAM	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78258	ESOPHAGEAL MOTILITY STUDY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78261	GASTRIC MUCOSA IMAGING	eviCore - 1-855-252-1117 or
70262	CACTROCCORUA CEAL REFLUX EVANA	https://www.evicore.com/healthplan/bcbs
78262	GASTROESOPHAGEAL REFLUX EXAM	eviCore - 1-855-252-1117 or
78264	GASTRIC EMPTYING IMAG STUDY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
76204	GASTRIC LIVIPTTING IIVIAG STODT	https://www.evicore.com/healthplan/bcbs
78265	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or
70203	GASTRIC LIVII TTING IIVIAG STODT	https://www.evicore.com/healthplan/bcbs
78266	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or
. 0200		https://www.evicore.com/healthplan/bcbs
78278	ACUTE GI BLOOD LOSS IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78290	MECKELS DIVERT EXAM	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78291	LEVEEN/SHUNT PATENCY EXAM	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78300	BONE IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78305	BONE IMAGING MULTIPLE AREAS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78306	BONE IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or
70245	DONE INANCINIC 2 DILACE	https://www.evicore.com/healthplan/bcbs
78315	BONE IMAGING 3 PHASE	eviCore - 1-855-252-1117 or
78445	VASCULAR FLOW IMAGING	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
76443	VASCOLAR I LOW IMAGING	https://www.evicore.com/healthplan/bcbs
78456	ACUTE VENOUS THROMBUS IMAGE	eviCore - 1-855-252-1117 or
70.150	THE TE VENTOUS TIME IN SECTION OF THE PROPERTY	https://www.evicore.com/healthplan/bcbs
78457	VENOUS THROMBOSIS IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78458	VEN THROMBOSIS IMAGES BILAT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78579	LUNG VENTILATION IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78580	LUNG PERFUSION IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78582	LUNG VENTILAT&PERFUS IMAGING	eviCore - 1-855-252-1117 or
=0=0=		https://www.evicore.com/healthplan/bcbs
78597	LUNG PERFUSION DIFFERENTIAL	eviCore - 1-855-252-1117 or
70500	LUNC DEDER VENTUAT DISERVAT	https://www.evicore.com/healthplan/bcbs
78598	LUNG PERF&VENTILAT DIFERENTL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		, , , , , , , , , , , , , , , , , , , ,
Require Prior		
Authorization		
78600	BRAIN IMAGE < 4 VIEWS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78605	BRAIN IMAGE 4+ VIEWS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78608	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or
70.000	DDAIN IN (A CINIC (DET)	https://www.evicore.com/healthplan/bcbs
78609	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or
78610	BRAIN FLOW IMAGING ONLY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
78010	BRAIN FLOW IIVIAGING ONLY	https://www.evicore.com/healthplan/bcbs
78630	CEREBROSPINAL FLUID SCAN	eviCore - 1-855-252-1117 or
78030	CEREBROSI INALI EOID SCAN	https://www.evicore.com/healthplan/bcbs
78635	CSF VENTRICULOGRAPHY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78645	CSF SHUNT EVALUATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78650	CSF LEAKAGE IMAGING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78660	NUCLEAR EXAM OF TEAR FLOW	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78700	KIDNEY IMAGING MORPHOL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78701	KIDNEY IMAGING WITH FLOW	eviCore - 1-855-252-1117 or
	14.51.011.451.11.05.11.40.05.1	https://www.evicore.com/healthplan/bcbs
78707	K FLOW/FUNCT IMAGE W/O DRUG	eviCore - 1-855-252-1117 or
70700	K ELOW/ELINGT IN AA CE AA/DDLIC	https://www.evicore.com/healthplan/bcbs
78708	K FLOW/FUNCT IMAGE W/DRUG	eviCore - 1-855-252-1117 or
78709	K FLOW/FUNCT IMAGE MULTIPLE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
78709	KTEOW/TONCT IWAGE WIDETIFEE	https://www.evicore.com/healthplan/bcbs
78725	KIDNEY FUNCTION STUDY	eviCore - 1-855-252-1117 or
70723		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
70002	THACR INACING (22)	https://www.evicore.com/healthplan/bcbs
78803	TUMOR IMAGING (3D)	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Seed of the seed	mountain needs as need accommon median ca
Require Prior		
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78804	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78811	PET IMAGE LTD AREA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78812	PET IMAGE SKULL-THIGH	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78813	PET IMAGE FULL BODY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78814	PET IMAGE W/CT LMTD	eviCore - 1-855-252-1117 or
70015	DET INAACE W/CT CKUUL TUICU	https://www.evicore.com/healthplan/bcbs
78815	PET IMAGE W/CT SKULL-THIGH	eviCore - 1-855-252-1117 or
78816	PET IMAGE W/CT FULL BODY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
70010	PET IWAGE W/CT FOLL BODT	https://www.evicore.com/healthplan/bcbs
78830	RP LOCLZJ TUM SPECT W/CT 1	eviCore - 1-855-252-1117 or
70030	THE LOCALES FOR STEEL WYOU	https://www.evicore.com/healthplan/bcbs
78831	RP LOCLZJ TUM SPECT 2 AREAS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
78832	RP LOCLZJ TUM SPECT W/CT 2	eviCore - 1-855-252-1117 or
	,	https://www.evicore.com/healthplan/bcbs
78999	NUCLEAR DIAGNOSTIC EXAM	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
79005	NUCLEAR RX ORAL ADMIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
79101	NUCLEAR RX IV ADMIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
79403	HEMATOPOIETIC NUCLEAR TX	eviCore - 1-855-252-1117 or
04460	2201122 0511 51111 052 2112 (251	https://www.evicore.com/healthplan/bcbs
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01102	BRCATAZ GEN FOLL SEQ DOP/DEL	https://www.evicore.com/healthplan/bcbs
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or
01104	BROATGE GENT GEE SEQ BOT / BEE	https://www.evicore.com/healthplan/bcbs
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81173	AR GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81174	AR GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81185	CACNA1A GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or
04406	CACNIALA CENTRALENA EN MINISTER	https://www.evicore.com/healthplan/bcbs
81186	CACNA1A GEN KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or
81189	CSTD GENIE ELILL CENIE SECULENCE	https://www.evicore.com/healthplan/bcbs
01103	CSTB GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure code	inculcul records request information required
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81190	CSTB GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81201	APC GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81202	APC GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81203	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81212	BRCA1&2 185&5385&6174 VRNT	eviCore - 1-855-252-1117 or
04045		https://www.evicore.com/healthplan/bcbs
81215	BRCA1 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or
81216	DDCA2 CENE FULL CEO ALVO	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81210	BRCA2 GENE FULL SEQ ALYS	
81217	BRCA2 GENE KNOWN FAMIL VRNT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01217	BRCAZ GEIVE KNOWN I AWIE VIKWI	https://www.evicore.com/healthplan/bcbs
81221	CFTR GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or
01221		https://www.evicore.com/healthplan/bcbs
81222	CFTR GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81223	CFTR GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81225	CYP2C19 GENE COM VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81226	CYP2D6 GENE COM VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81227	CYP2C9 GENE COM VARIANTS	eviCore - 1-855-252-1117 or
04000	SVT-0-5-V-1-40-5-1-5-1-4-1-5-1	https://www.evicore.com/healthplan/bcbs
81228	CYTOGEN MICRARRAY COPY NMBR	eviCore - 1-855-252-1117 or
81229	CYTOGEN M ARRAY COPY NO&SNP	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01229	CTTOGEN WI ARRAT COPT NO&SNP	https://www.evicore.com/healthplan/bcbs
81230	CYP3A4 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or
01230	CTT 5714 GEITE COMMICITY VALLE AND COMMICITY	https://www.evicore.com/healthplan/bcbs
81231	CYP3A5 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81232	DPYD GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81238	F9 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81248	G6PD KNOWN FAMILIAL VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81249	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
04252	CUDA CENTE FULL CE CUENCE	https://www.evicore.com/healthplan/bcbs
81252	GJB2 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or
01252	CID2 CENE KNOWN FAMAVADIANTS	https://www.evicore.com/healthplan/bcbs
81253	GJB2 GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or
81257	HBA1/HBA2 GENE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01237	HUAT/HUAZ GLIVL	https://www.evicore.com/healthplan/bcbs
		mttps.//www.evicore.com/nealthpian/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
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Authorization		
81258	HBA1/HBA2 GENE FAM VRNT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81259	HBA1/HBA2 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81277	CYTOGENOMIC NEO MICRORA ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81283	IFNL3 GENE	eviCore - 1-855-252-1117 or
81286	EVALCENE FULL CENE SEQUENCE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81280	FXN GENE FULL GENE SEQUENCE	
81289	FXN GENE KNOWN FAMIL VARIANT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01203	TAN GENE KNOWN FAMILE VARIANT	https://www.evicore.com/healthplan/bcbs
81291	MTHER GENE	eviCore - 1-855-252-1117 or
01231	William Cama	https://www.evicore.com/healthplan/bcbs
81292	MLH1 GENE FULL SEQ	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81293	MLH1 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81295	MSH2 GENE FULL SEQ	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81296	MSH2 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or
04207	ACUS CENE DUD /DELETE VA DIANT	https://www.evicore.com/healthplan/bcbs
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or
81298	MSH6 GENE FULL SEQ	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01290	WISHO GENET OLE SEQ	https://www.evicore.com/healthplan/bcbs
81299	MSH6 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or
01200		https://www.evicore.com/healthplan/bcbs
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81302	MECP2 GENE FULL SEQ	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81303	MECP2 GENE KNOWN VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81304	MECP2 GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81306	NUDT15 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or
91207	DALDS CENE ELLI CENE CEO	https://www.evicore.com/healthplan/bcbs
81307	PALB2 GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or
81308	PALB2 GENE KNOWN FAMIL VRNT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01308	TALDZ GENE KNOWN TAIVILE VKINT	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

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Seed of the seed	
Require Prior		
Authorization		
81318	PMS2 KNOWN FAMILIAL VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81321	PTEN GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81322	PTEN GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81323	PTEN GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or
04225	DAAD22 CENE FULL CEQUENCE	https://www.evicore.com/healthplan/bcbs
81325	PMP22 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or
81326	PMP22 GENE KNOWN FAM VARIANT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01320	PIVIP 22 GEINE KNOWN PAIVI VARIANT	https://www.evicore.com/healthplan/bcbs
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or
01327	SEL 13 GENT KIVITK WITH TETR ACTS	https://www.evicore.com/healthplan/bcbs
81328	SLCO1B1 GENE COM VARIANTS	eviCore - 1-855-252-1117 or
01020	SEGULDI GENE GOM VIMINATIO	https://www.evicore.com/healthplan/bcbs
81335	TPMT GENE COM VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81336	SMN1 GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81346	TYMS GENE COM VARIANTS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81350	UGT1A1 GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81355	VKORC1 GENE	eviCore - 1-855-252-1117 or
01261	LIDD CENE CONA MADIANITO	https://www.evicore.com/healthplan/bcbs
81361	HBB GENE COM VARIANTS	eviCore - 1-855-252-1117 or
81362	HBB GENE KNOWN FAM VARIANT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81302	TIBB GENE KNOWN FAW VARIANT	https://www.evicore.com/healthplan/bcbs
81363	HBB GENE DUP/DEL VARIANTS	eviCore - 1-855-252-1117 or
01303	TIBB CEIVE BOT, BEE VALUE WITS	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
04.40		https://www.evicore.com/healthplan/bcbs
81404	MOPATH PROCEDURE LEVEL 5	eviCore - 1-855-252-1117 or
01.405	MODATH PROCESSING LEVEL C	https://www.evicore.com/healthplan/bcbs
81405	MOPATH PROCEDURE LEVEL 6	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessi i pilon on i roccuure coue	medical necolar nequest misimum and med
Require Prior		
Authorization		
81406	MOPATH PROCEDURE LEVEL 7	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81407	MOPATH PROCEDURE LEVEL 8	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81408	MOPATH PROCEDURE LEVEL 9	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81410	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or
04.444	1 0 0 T 1 0 D 1 0 T 1 0 D 1 0 T 1 0 D 1	https://www.evicore.com/healthplan/bcbs
81411	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or
81412	ASHKENAZI JEWISH ASSOC DIS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81412	ASHKENAZI JEWISH ASSOC DIS	
81413	CAR ION CHNNLPATH INC 10 GNS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01413	CARTON CHINNEL ATTITUE 10 GNS	https://www.evicore.com/healthplan/bcbs
81414	CAR ION CHNNLPATH INC 2 GNS	eviCore - 1-855-252-1117 or
01111	er in the transfer of minutes of the control	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 MICRODELTJ	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81425	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or
01.426	CENIONAE CEOLIENICE ANIALYCIC	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81426	GENOME SEQUENCE ANALYSIS	
81427	GENOME RE-EVALUATION	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01427	GENOWE RE-EVALUATION	https://www.evicore.com/healthplan/bcbs
81430	HEARING LOSS SEQUENCE ANALYS	eviCore - 1-855-252-1117 or
01.00		https://www.evicore.com/healthplan/bcbs
81431	HEARING LOSS DUP/DEL ANALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81432	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81433	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81434	HEREDITARY RETINAL DISORDERS	eviCore - 1-855-252-1117 or
04.425	HEREDITARY COLONIA DECORDE	https://www.evicore.com/healthplan/bcbs
81435	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or
81436	HEREDITARY COLON CA DSORDRS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01430	HENEDITANT COLON CA DOUNDRO	https://www.evicore.com/healthplan/bcbs
81437	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or
52.57	THE TOTAL POWER TO STATE OF THE PARTY OF THE	https://www.evicore.com/healthplan/bcbs
81438	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81439	HRDTRY CARDMYPY GENE PANEL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Bescription of Frocedure code	Miculai Records Request information Required
Require Prior		
Authorization		
81440	MITOCHONDRIAL GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81442	NOONAN SPECTRUM DISORDERS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81443	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81445	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81448	HRDTRY PERPH NEURPHY PANEL	eviCore - 1-855-252-1117 or
04.450		https://www.evicore.com/healthplan/bcbs
81450	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or
81455	TARCETER CENONAIC SEC ANALYS	https://www.evicore.com/healthplan/bcbs
01433	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or
81460	WHOLE MITOCHONDRIAL GENOME	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81400	WHOLE WITGEHONDRIAL GENOWIE	https://www.evicore.com/healthplan/bcbs
81465	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or
01103	WHOLE WHI GOLION BILLING GENOINE	https://www.evicore.com/healthplan/bcbs
81470	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81471	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81479	UNLISTED MOLECULAR PATHOLOGY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81490	AUTOIMMUNE RHEUMATOID ARTHR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81493	COR ARTERY DISEASE MRNA	eviCore - 1-855-252-1117 or
04500	21/22 (21/22) 71/2 22 275/1/2	https://www.evicore.com/healthplan/bcbs
81500	ONCO (OVAR) TWO PROTEINS	eviCore - 1-855-252-1117 or
01503	ONCO (OVAR) FIVE PROTEING	https://www.evicore.com/healthplan/bcbs
81503	ONCO (OVAR) FIVE PROTEINS	eviCore - 1-855-252-1117 or
81504	ONCOLOGY TISSUE OF ORIGIN	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01304	CIVEGEOGY TISSUE OF CIVICIN	https://www.evicore.com/healthplan/bcbs
81518	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or
01010		https://www.evicore.com/healthplan/bcbs
81519	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81520	ONC BREAST MRNA 58 GENES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81521	ONC BREAST MRNA 70 GENES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81522	ONC BREAST MRNA 12 GENES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81525	ONCOLOGY COLON MRNA	eviCore - 1-855-252-1117 or
04525	ancorosy sympasis	https://www.evicore.com/healthplan/bcbs
81535	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or
91536	ONCOLOCY CYNEGOLOGIC	https://www.evicore.com/healthplan/bcbs
81536	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
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
01542	ONC DEOCTATE MADNA 22 CNT CEN	https://www.evicore.com/healthplan/bcbs
81542	ONC PROSTATE MRNA 22 CNT GEN	eviCore - 1-855-252-1117 or
81545	ONCOLOGY THYROID	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
81343	ONCOLOGI IIIINOID	https://www.evicore.com/healthplan/bcbs
81551	ONC PROSTATE 3 GENES	eviCore - 1-855-252-1117 or
01331	ONE I NESTATE S CENES	https://www.evicore.com/healthplan/bcbs
81552	ONC UVEAL MLNMA MRNA 15 GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81595	CARDIOLOGY HRT TRNSPL MRNA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
81596		eviCore - 1-855-252-1117 or
	NFCT DS CHRNC HCV 6 ASSAYS	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
25222	AUTO 000 US DI 000 DD 00555	https://www.evicore.com/healthplan/bcbs
86890	AUTOLOGOUS BLOOD PROCESS	Submit documentation to describe the test, records from
86891	AUTOLOGOUS BLOOD OP SALVAGE	related office visit, history and physical. Submit documentation to describe the test, records from
80891	AUTOLOGOUS BLOOD OF SALVAGE	related office visit, history and physical.
89250	CULTR OOCYTE/EMBRYO <4 DAYS	Submit documentation to describe the test, records from
03230	eserii seerie, embare ar bras	related office visit, history and physical.
89290	BIOPSY OOCYTE POLAR BODY	Submit documentation to describe the test, records from
		related office visit, history and physical.
89291	BIOPSY OOCYTE POLAR BODY	Submit documentation to describe the test, records from
		related office visit, history and physical.
90281	HUMAN IG IM	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
90281	HUMAN IG IM	For BCCHP members, contact eviCore - 1-855-252-1117 or
00202	LILLIA AAA LIC IV	https://www.evicore.com/healthplan/bcbs
90283	HUMAN IG IV	For MMAI members, contact Prime Therapeutics. Call 877-
90283	HUMAN IG IV	243-6930 or fax 800-285-9426. For BCCHP members, contact eviCore - 1-855-252-1117 or
50265	ITOWAN IO IV	https://www.evicore.com/healthplan/bcbs
90284	HUMAN IG SC	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
90284	HUMAN IG SC	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
90378	RSV MAB IM 50MG	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
90378	RSV MAB IM 50MG	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jesun puen en riescaule esac	incursus negatives morniation negatives
Require Prior		
Authorization		
90399	IMMUNE GLOBULIN	History and physical, chart notes from ordering physician,
		treatment plan.
90863	PHARMACOLOGIC MGMT W/PSYTX	History and physical, chart notes from ordering physician,
		treatment plan.
90870	ELECTROCONVULSIVE THERAPY	History and physical, chart notes from ordering physician, treatment plan.
90901	BIOFEEDBACK TRAIN ANY METH	eviCore - 1-855-252-1117 or
90901	BIOTEEDBACK TRAIN ANT WETT	https://www.evicore.com/healthplan/bcbs
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician,
		treatment plan and results.
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Recent history and physical, plan of care, and
		documentation of medical necessity.
92507	SPEECH/HEARING THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92508	SPEECH/HEARING THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92511	NASOPHARYNGOSCOPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92520	LARYNGEAL FUNCTION STUDIES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92521	EVALUATION OF SPEECH FLUENCY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92522	EVALUATE SPEECH PRODUCTION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92523	SPEECH SOUND LANG COMPREHEN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92524	BEHAVRAL QUALIT ANALYS VOICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92526	ORAL FUNCTION THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92548	POSTUROGRAPHY	eviCore - 1-855-252-1117 or
00504	51 5 5 7 7 9 9 9 9 1 1 5 9 9 9 4 7 1 1 1 1	https://www.evicore.com/healthplan/bcbs
92584	ELECTROCOCHLEOGRAPHY	Recent history and physical, plan of care, and
02507	ODAL CREECH REVICE EVAL	documentation of medical necessity.
92597	ORAL SPEECH DEVICE EVAL	eviCore - 1-855-252-1117 or
92601	COCHLEAR IMPLT F/UP EXAM <7	https://www.evicore.com/healthplan/bcbs Recent history and physical, plan of care, and
92001	COCHLEAR IIVIPLI F/OP EXAMIN </td <td></td>	
92602	REPROGRAM COCHLEAR IMPLT <7	documentation of medical necessity. Recent history and physical, plan of care, and
92002	REPROGRAM COCHELAR IMPER </td <td>documentation of medical necessity.</td>	documentation of medical necessity.
92603	COCHLEAR IMPLT F/UP EXAM 7/>	Recent history and physical, plan of care, and
22003	COSTRET WITH ETTY OF EXPANSIVE	documentation of medical necessity.
92604	REPROGRAM COCHLEAR IMPLT 7/>	Recent history and physical, plan of care, and
		documentation of medical necessity.
92605	EX FOR NONSPEECH DEVICE RX	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92606	NON-SPEECH DEVICE SERVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92607	EX FOR SPEECH DEVICE RX 1HR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Seed of the seed	
Require Prior		
Authorization		
92608	EX FOR SPEECH DEVICE RX ADDL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92609	USE OF SPEECH DEVICE SERVICE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92610	EVALUATE SWALLOWING FUNCTION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92611	MOTION FLUOROSCOPY/SWALLOW	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92612	ENDOSCOPY SWALLOW (FEES) VID	eviCore - 1-855-252-1117 or
22512	END 05000 V (MANA 1 0 W / EEES) 10 D	https://www.evicore.com/healthplan/bcbs
92613	ENDOSCOPY SWALLOW (FEES) I&R	eviCore - 1-855-252-1117 or
92614	LARYNGOSCOPIC SENSORY VID	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
92014	LARYINGUSCOPIC SENSORY VID	
92615	LARYNGOSCOPIC SENSORY I&R	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
92013	LAKTINGOSCOFIC SENSOKT IQK	https://www.evicore.com/healthplan/bcbs
92616	FEES W/LARYNGEAL SENSE TEST	eviCore - 1-855-252-1117 or
32010	1 223 11, 2, 1111132, 12 321132 1231	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	EX FOR NONSPEECH DEV RX ADD	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92626	EVAL AUD REHAB STATUS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92627	EVAL AUD STATUS REHAB ADD-ON	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
92630	AUD REHAB PRE-LING HEAR LOSS	eviCore - 1-855-252-1117 or
22522		https://www.evicore.com/healthplan/bcbs
92633	AUD REHAB POSTLING HEAR LOSS	eviCore - 1-855-252-1117 or
92928	PRQ CARD STENT W/ANGIO 1 VSL	https://www.evicore.com/healthplan/bcbs Letter of medical necessity, including condition being
92920	PRQ CARD STEINT W/AINGIO 1 VSL	treated.
93228	REMOTE 30 DAY ECG REV/REPORT	Recent history and physical, plan of care, and
33220	HEMOTE SO BATT EEG NEVANET GIVI	documentation of medical necessity.
93229	REMOTE 30 DAY ECG TECH SUPP	Recent history and physical, plan of care, and
		documentation of medical necessity.
93621	ELECTROPHYSIOLOGY EVALUATION	Letter of medical necessity, including condition being
		treated.
93653	EP & ABLATE SUPRAVENT ARRHYT	Letter of medical necessity, including condition being
		treated.
93656	TX ATRIAL FIB PULM VEIN ISOL	Letter of medical necessity, including condition being
		treated.
93880	EXTRACRANIAL BILAT STUDY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
93882	EXTRACRANIAL UNI/LTD STUDY	eviCore - 1-855-252-1117 or
02000	INTRACRANIAL COMPLETE CTURY	https://www.evicore.com/healthplan/bcbs
93886	INTRACRANIAL COMPLETE STUDY	eviCore - 1-855-252-1117 or
93888	INTRACRANIAL LIMITED STUDY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
93000	INTRACRAMAL LIMITED STUDY	
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen pulon or i roccuure coue	mountain negation negation negation
Require Prior		
Authorization		
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
93924	LWR XTR VASC STDY BILAT	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
93924	LWR XIR VASC SIDY BILAT	
93925	LOWER EXTREMITY STUDY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
33323	LOWER EXTREMITY STODY	https://www.evicore.com/healthplan/bcbs
93926	LOWER EXTREMITY STUDY	eviCore - 1-855-252-1117 or
33320	LOWEN EXTREMITY STOP	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
02076	VACCUU AD CTUDY	https://www.evicore.com/healthplan/bcbs
93976	VASCULAR STUDY	eviCore - 1-855-252-1117 or
93978	VASCULAR STUDY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
93976	VASCOLAR STODI	https://www.evicore.com/healthplan/bcbs
93979	VASCULAR STUDY	eviCore - 1-855-252-1117 or
30373	1	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
0.4555	DOC ALBUMAY SEESCHEE SEES	https://www.evicore.com/healthplan/bcbs
94660	POS AIRWAY PRESSURE CPAP	Recent history and physical, plan of care, and
05792	DOLVSOM >6 VDC 4/> DADANATDC	documentation of medical necessity. eviCore - 1-855-252-1117 or
95782	POLYSOM <6 YRS 4/> PARAMTRS	
95783	POLYSOM <6 YRS CPAP/BILVL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
55765	TOURSON TO THE GRAF/BIEVE	https://www.evicore.com/healthplan/bcbs
95800	SLP STDY UNATTENDED	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
95801	SLP STDY UNATND W/ANAL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		,
Require Prior		
Authorization		
95803	ACTIGRAPHY TESTING	Recent history and physical, plan of care, and
		documentation of medical necessity.
95805	MULTIPLE SLEEP LATENCY TEST	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
95806	SLEEP STUDY UNATT&RESP EFFT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
95807	SLEEP STUDY ATTENDED	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
95808	POLYSOM ANY AGE 1-3> PARAM	eviCore - 1-855-252-1117 or
05040	DOLVCONA CA: VDC AA: DADANA	https://www.evicore.com/healthplan/bcbs
95810	POLYSOM 6/> YRS 4/> PARAM	eviCore - 1-855-252-1117 or
95811	POLYSOM 6/>YRS CPAP 4/> PARM	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
93011	POLISOINI 0/2TRS CPAP 4/2 PARINI	https://www.evicore.com/healthplan/bcbs
95851	RANGE OF MOTION MEASUREMENTS	eviCore - 1-855-252-1117 or
55651	MANGE OF MOTION MEASUREMENTS	https://www.evicore.com/healthplan/bcbs
95852	RANGE OF MOTION MEASUREMENTS	eviCore - 1-855-252-1117 or
33032	THE WAY OF THE POST OF THE POS	https://www.evicore.com/healthplan/bcbs
95992	CANALITH REPOSITIONING PROC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
96040	GENETIC COUNSELING 30 MIN	Recent history and physical, plan of care, and
		documentation of medical necessity.
96105	ASSESSMENT OF APHASIA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
96110	DEVELOPMENTAL SCREEN W/SCORE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
96112	DEVEL TST PHYS/QHP 1ST HR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
96113	DEVEL TST PHYS/QHP EA ADDL	eviCore - 1-855-252-1117 or
96125	COCNITIVE TEST BY HE BBO	https://www.evicore.com/healthplan/bcbs
96125	COGNITIVE TEST BY HC PRO	eviCore - 1-855-252-1117 or
97010	HOT OR COLD PACKS THERAPY	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
37010	HOT ON COLD FACKS MERALT	https://www.evicore.com/healthplan/bcbs
97012	MECHANICAL TRACTION THERAPY	eviCore - 1-855-252-1117 or
37012	INTERIOR LE TRACEMENT TRIEFE IL I	https://www.evicore.com/healthplan/bcbs
97014	ELECTRIC STIMULATION THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97016	VASOPNEUMATIC DEVICE THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97018	PARAFFIN BATH THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97022	WHIRLPOOL THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97024	DIATHERMY EG MICROWAVE	eviCore - 1-855-252-1117 or
07006	INTERACTOR THE COLUMN	https://www.evicore.com/healthplan/bcbs
97026	INFRARED THERAPY	eviCore - 1-855-252-1117 or
07020	LILTRAVIOLET TUEDARY	https://www.evicore.com/healthplan/bcbs
97028	ULTRAVIOLET THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Bescription of Frocedure code	Wedled Records Request mornation required
Require Prior		
Authorization		
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
07000	DUNG 10 A TUES A DV TO SATA 45 A T	https://www.evicore.com/healthplan/bcbs
97039	PHYSICAL THERAPY TREATMENT	eviCore - 1-855-252-1117 or
97110	THERAPEUTIC EXERCISES	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
9/110	THERAPEUTIC EXERCISES	
97112	NEUROMUSCULAR REEDUCATION	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
9/112	NEOROWOSCOLAR RELDOCATION	https://www.evicore.com/healthplan/bcbs
97113	AQUATIC THERAPY/EXERCISES	eviCore - 1-855-252-1117 or
3,113	Agovino menum i, exercises	https://www.evicore.com/healthplan/bcbs
97116	GAIT TRAINING THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97124	MASSAGE THERAPY	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97129	THER IVNTJ 1ST 15 MIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97130	THER IVNTJ EA ADDL 15 MIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97139	PHYSICAL MEDICINE PROCEDURE	eviCore - 1-855-252-1117 or
07110	1444W44 TUEDADV4/ DEGIGNS	https://www.evicore.com/healthplan/bcbs
97140	MANUAL THERAPY 1/> REGIONS	eviCore - 1-855-252-1117 or
97150	GROUP THERAPEUTIC PROCEDURES	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
97150	GROUP THERAPEUTIC PROCEDURES	https://www.evicore.com/healthplan/bcbs
97161	PT EVAL LOW COMPLEX 20 MIN	eviCore - 1-855-252-1117 or
37101	T EVAL LOW COMM LEX 20 MIN	https://www.evicore.com/healthplan/bcbs
97162	PT EVAL MOD COMPLEX 30 MIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97163	PT EVAL HIGH COMPLEX 45 MIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97164	PT RE-EVAL EST PLAN CARE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97165	OT EVAL LOW COMPLEX 30 MIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97166	OT EVAL MOD COMPLEX 45 MIN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97167	OT EVAL HIGH COMPLEX 60 MIN	eviCore - 1-855-252-1117 or
074.60	OT DE EVAL EST DIAM CARE	https://www.evicore.com/healthplan/bcbs
97168	OT RE-EVAL EST PLAN CARE	eviCore - 1-855-252-1117 or
97530	THERAPEUTIC ACTIVITIES	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
37330	THENAPEOTIC ACTIVITIES	
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	ivieulear Records Request information Required
Require Prior		
Authorization		
97533	SENSORY INTEGRATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97535	SELF CARE MNGMENT TRAINING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97537	COMMUNITY/WORK REINTEGRATION	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97542	WHEELCHAIR MNGMENT TRAINING	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97545	WORK HARDENING	eviCore - 1-855-252-1117 or
077.46		https://www.evicore.com/healthplan/bcbs
97546	WORK HARDENING ADD-ON	eviCore - 1-855-252-1117 or
07507	DAAVU DEVUTAL TIC 20 CAAV	https://www.evicore.com/healthplan/bcbs
97597	RMVL DEVITAL TIS 20 CM/<	eviCore - 1-855-252-1117 or
97598	RMVL DEVITAL TIS ADDL 20CM/<	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
97598	RIVIVE DEVITAL IIS ADDL ZUCIVI/<	
97602	WOUND(S) CARE NON-SELECTIVE	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
97002	WOOND(3) CARE NON-SELECTIVE	https://www.evicore.com/healthplan/bcbs
97605	NEG PRESS WOUND TX =50 CM</td <td>eviCore - 1-855-252-1117 or</td>	eviCore - 1-855-252-1117 or
37003	INEG TRESS WOOND TX 47-50 CIVI	https://www.evicore.com/healthplan/bcbs
97606	NEG PRESS WOUND TX >50 CM	eviCore - 1-855-252-1117 or
37000	THE STREET WORLD TAVES ON	https://www.evicore.com/healthplan/bcbs
97750	PHYSICAL PERFORMANCE TEST	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97755	ASSISTIVE TECHNOLOGY ASSESS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97761	PROSTHETIC TRAINJ 1ST ENC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97763	ORTHC/PROSTC MGMT SBSQ ENC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97799	PHYSICAL MEDICINE PROCEDURE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
97810	ACUPUNCT W/O STIMUL 15 MIN	Recent history and physical, plan of care, and
222.42	CHIPODDA CT AAAAH A 2 DE CIONS	documentation of medical necessity.
98940	CHIROPRACT MANJ 1-2 REGIONS	eviCore - 1-855-252-1117 or
00044	CHIPODDACT MANU 2 A DECIONS	https://www.evicore.com/healthplan/bcbs
98941	CHIROPRACT MANJ 3-4 REGIONS	eviCore - 1-855-252-1117 or
98942	CHIROPRACTIC MANJ 5 REGIONS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J034Z	CHINOF NACTIC IVIANJ 3 REGIONS	
98943	CHIROPRACT MANJ XTRSPINL 1/>	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
50343	CHINOT WATER ATTOM THE 1/2	https://www.evicore.com/healthplan/bcbs
99183	HYPERBARIC OXYGEN THERAPY	Recent history and physical, plan of care, and
	THE ENDANGE ON GER THERM	documentation of medical necessity.
99601	HOME INFUSION/VISIT 2 HRS	Recent history and physical, plan of care, and
		documentation of medical necessity.
99602	HOME INFUSION EACH ADDTL HR	Recent history and physical, plan of care, and
		documentation of medical necessity.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen philomon i roscaure coue	meanan negaras meganesa menanan negaras
Require Prior		
Authorization		
0001U	RBC DNA HEA 35 AG 11 BLD GRP	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0002M	Liver disease	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0003M	Liver disease	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0004M	SCO 53 SNPS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0005U	ONCO PRST8 3 GENE UR ALG	eviCore - 1-855-252-1117 or
000001	One has some right elemention	https://www.evicore.com/healthplan/bcbs
0006M	Onc hep gene risk classifier	eviCore - 1-855-252-1117 or
0007M	Onc gastro 51 gene nomogram	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
0007101	One gastro 31 gene nomogram	https://www.evicore.com/healthplan/bcbs
0011M	ONC PRST8 CA MRNA 12 GEN ALG	eviCore - 1-855-252-1117 or
OOTIV	ONE FROM CA WINNA 12 GEN ALG	https://www.evicore.com/healthplan/bcbs
0012M	ONC MRNA 5 GEN RSK URTHL CA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0012U	GERMLN DO GENE REARGMT DETCJ	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0013M	ONC MRNA 5 GEN RECR URTHL CA	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0013U	ONC SLD ORG NEO GENE REARGMT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0014U	HEM HMTLMF NEO GENE REARGMT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0018U	ONC THYR 10 MICRORNA SEQ ALG	eviCore - 1-855-252-1117 or
22127	EVER A CORD CHO CHARLETY A CALCO	https://www.evicore.com/healthplan/bcbs
0019T	EXTRACORP SHOCK WV TX,MS NOS	Recent history and physical, plan of care, and
0019U	ONC RNA TISS PREDICT ALG	documentation of medical necessity. eviCore - 1-855-252-1117 or
00190	ONC KNA 1155 PREDICT ALG	https://www.evicore.com/healthplan/bcbs
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	eviCore - 1-855-252-1117 or
00220	THOT GEN SEQ DIVAGRANA 25 GENE	https://www.evicore.com/healthplan/bcbs
0026U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0029U	RX METAB ADVRS TRGT SEQ ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0030U	RX METAB WARF TRGT SEQ ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0031U	CYP1A2 GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0032U	COMT GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0033U	HTR2A HTR2C GENES	eviCore - 1-855-252-1117 or
002411	TOWAT AULIDITAE CENTS	https://www.evicore.com/healthplan/bcbs
0034U	TPMT NUDT15 GENES	eviCore - 1-855-252-1117 or
0036U	XOME TUM & NML SPEC SEQ ALYS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
00300	ACIVIL TOTAL & INIVIL SPEC SEQ ALTS	
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jesun paren en i rescuar e seuc	incured needs as nequest another nequined
Require Prior		
Authorization		
0037U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0042T	B BRGDRFERI ANTB 12 PRTN IGG	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0045U	ONC BRST DUX CARC IS 12 GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0047U	ONC PRST8 MRNA 17 GENE ALG	eviCore - 1-855-252-1117 or
004011		https://www.evicore.com/healthplan/bcbs
0048U	ONC SLD ORG NEO DNA 468 GENE	eviCore - 1-855-252-1117 or
0050U	TROT CEN SEO DAIA 224 CENES	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
00500	TRGT GEN SEQ DNA 324 GENES	
0053U	ONC PRST8 CA FISH ALYS 4 GEN	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
00330	ONC TROTO CATISITALIS 4 GEN	https://www.evicore.com/healthplan/bcbs
0055U	CARD HRT TRNSPL 96 DNA SEQ	eviCore - 1-855-252-1117 or
00330	CARD THE THIRST E 30 DIVE SEQ	https://www.evicore.com/healthplan/bcbs
0056U	HEM AML DNA GENE REARGMT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0069U	ONC CLRCT MICRORNA MIR-31-3P	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0071U	CYP2D6 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
00720	CTP2D0 GEN CTP2D0-2D7 HTBKID	https://www.evicore.com/healthplan/bcbs
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	eviCore - 1-855-252-1117 or
00750	CH 250 GEN CH 257 250 HIBRID	https://www.evicore.com/healthplan/bcbs
0074U	CYP2D6 NONDUPLICATED GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0075U	CYP2D6 5' GENE DUP/MLT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0076U	CYP2D6 3' GENE DUP/MLT	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0078U	PAIN MGT OPI USE GNOTYP PNL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0079U	CMPRTV DNA ALYS MLT SNPS	eviCore - 1-855-252-1117 or
000411	DDC DAM CHOTYD 40 DID COCHDO	https://www.evicore.com/healthplan/bcbs
0084U	RBC DNA GNOTYP 10 BLD GROUPS	eviCore - 1-855-252-1117 or
0087U	CRD HRT TRNSPL MRNA 1283 GEN	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
00070	CND HAT TAINSPLIVIKINA 1283 GEIN	https://www.evicore.com/healthplan/bcbs
0088U	TRNSPLJ KDN ALGRFT REJ 1494	eviCore - 1-855-252-1117 or
	THE TEST OF THE STATE OF THE ST	https://www.evicore.com/healthplan/bcbs
0089U	ONC MLNMA PRAME & LINCO0518	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Beschiption of Frocedure code	medical necolus nequest mormation nequired
Require Prior		
Authorization		
0090U	ONC CUTAN MLNMA MRNA 23 GENE	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0094U	GENOME RAPID SEQUENCE ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0101U	HERED COLON CA DO 15 GENES	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0102U	HERED BRST CA RLTD DO 17 GEN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0103U	HERED OVA CA PNL 24 GENES	eviCore - 1-855-252-1117 or
	_	https://www.evicore.com/healthplan/bcbs
0111U	ONC COLON CA KRAS&NRAS ALYS	eviCore - 1-855-252-1117 or
044011	21/2 22/2 22/2 22/2 22/2 22/2	https://www.evicore.com/healthplan/bcbs
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	eviCore - 1-855-252-1117 or
044411	CLDADDETTC ECODILIVINAS COMAS	https://www.evicore.com/healthplan/bcbs
0114U	GI BARRETTS ESOPH VIM&CCNA1	eviCore - 1-855-252-1117 or
0118U	TRNSPLJ DON-DRV CLL-FR DNA	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01180	TRINSPLY DOIN-DRV CLL-FR DINA	
0120U	ONC B CLL LYMPHM MRNA 58 GEN	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01200	ONC B CLE ETIVIPHIVI IVIKINA 38 GEN	https://www.evicore.com/healthplan/bcbs
0129U	HERED BRST CA RLTD DO PANEL	eviCore - 1-855-252-1117 or
01230	TIERED BRST CA RETO DO L'AINEE	https://www.evicore.com/healthplan/bcbs
0130U	HERED COLON CA DO MRNA PNL	eviCore - 1-855-252-1117 or
01300	THERE'S COLON CAN BO WINNAAT INC	https://www.evicore.com/healthplan/bcbs
0131U	HERED BRST CA RLTD DO PNL 13	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0132U	HERED OVA CA RLTD DO PNL 17	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0133U	HERED PRST8 CA RLTD DO 11	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0134U	HERED PAN CA MRNA PNL 18 GEN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0135U	HERED GYN CA MRNA PNL 12 GEN	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0136U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0137U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
040011	22014 22012 14214 252 1112	https://www.evicore.com/healthplan/bcbs
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
045311	ONG DDEAGT MADUA 404 GENEG	https://www.evicore.com/healthplan/bcbs
0153U	ONC BREAST MRNA 101 GENES	eviCore - 1-855-252-1117 or
0156U	COPY NUMBER SEQUENCE ALYS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01300	COFT NOWIDEN SEQUENCE ALTS	
0157U	APC MRNA SEQ ALYS	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01370	AI CIVILIVA SEQ AETS	https://www.evicore.com/healthplan/bcbs
0158U	MLH1 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
01303	MENTE WHITE SEQUENCE	https://www.evicore.com/healthplan/bcbs
0159U	MSH2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
		metps.// www.evicore.com/nearmplan/ucus

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen priori en i roscuure doue	mountain negative morniation negative
Require Prior		
Authorization		
0160U	MSH6 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0161U	PMS2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0162U	HERED COLON CA TRGT MRNA PNL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0169U	NUDT15&TPMT GENE COM VRNT	eviCore - 1-855-252-1117 or
047011	NEURO ACC DATA NEVE CEN CEO	https://www.evicore.com/healthplan/bcbs
0170U	NEURO ASD RNA NEXT GEN SEQ	eviCore - 1-855-252-1117 or
0171U	TROT OFNICEO ALVO DNIL DNIA 22	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01/10	TRGT GEN SEQ ALYS PNL DNA 23	
0172U	Short description not available at time of	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01720	update	https://www.evicore.com/healthplan/bcbs
0173U	Short description not available at time of	eviCore - 1-855-252-1117 or
01730	update	https://www.evicore.com/healthplan/bcbs
0175U	Short description not available at time of	eviCore - 1-855-252-1117 or
	update	https://www.evicore.com/healthplan/bcbs
0179U	Short description not available at time of	eviCore - 1-855-252-1117 or
	update	https://www.evicore.com/healthplan/bcbs
0095T	RMVL ARTIFIC DISC ADDL CRVCL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0098T	REV ARTIFIC DISC ADDL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0102T	EXTRACORP SHOCKWV TX ANESTH	Recent history and physical, plan of care, and
		documentation of medical necessity.
0163T	LUMB ARTIF DISKECTOMY ADDL	eviCore - 1-855-252-1117 or
0164T	REMOVE LUMB ARTIF DISC ADDL	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
01041	REMOVE LOWIS ARTIF DISC ADDL	https://www.evicore.com/healthplan/bcbs
0165T	REVISE LUMB ARTIF DISC ADDL	eviCore - 1-855-252-1117 or
01031	NEVISE EDIVID ARTIF DISC ADDE	https://www.evicore.com/healthplan/bcbs
0213T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or
0220.	1.0	https://www.evicore.com/healthplan/bcbs
0214T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0215T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0216T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0217T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or
0040=		https://www.evicore.com/healthplan/bcbs
0218T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or
02207	NIV TERMI ERRI MALIG CER TUCA	https://www.evicore.com/healthplan/bcbs
0228T	NJX TFRML EPRL W/US CER/THOR	eviCore - 1-855-252-1117 or
0229T	NJX TFRML EPRL W/US CER/THOR	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
02231	INJA TERIVIL LERE W/U3 CER/THUK	https://www.evicore.com/healthplan/bcbs
0230T	NJX TFRML EPRL W/US LUMB/SAC	eviCore - 1-855-252-1117 or
02301	TOX THATE ET HE W/ 03 EONID/3AC	https://www.evicore.com/healthplan/bcbs
		Inttps://www.evicore.com/nealthplan/pcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	imedical Records Request Illiorniation Required
Require Prior		
Authorization		
0231T	NJX TFRML EPRL W/US LUMB/SAC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0274T	PERQ LAMOT/LAM CRV/THRC	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0275T	PERQ LAMOT/LAM LUMBAR	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
0394T	HDR ELCTRNC SKN SURF BRCHYTX	eviCore - 1-855-252-1117 or
02057	LIDD ELCTD NITDET (NITDEN DECLITY	https://www.evicore.com/healthplan/bcbs
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	eviCore - 1-855-252-1117 or
3155F	CYTOGEN TEST MARROW B/4 TX	https://www.evicore.com/healthplan/bcbs Recent history and physical, plan of care, and
31336	CTOGEN TEST WARROW B/4 TX	documentation of medical necessity.
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR	Submit progress notes for last 24 hours prior to transport,
	SERVICES, TRANSPORT, ONE WAY (FIXED	physician order including medical records supporting
	WING)	rationale for transport.
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR	Submit progress notes for last 24 hours prior to transport,
	SERVICES, TRANSPORT, ONE WAY (ROTARY	physician order including medical records supporting
	WING)	rationale for transport.
A0432	Paramedic intercept (pi), rural area, transport	Submit progress notes for last 24 hours prior to transport,
	furnished by a volunteer ambulance company	physician order including medical records supporting
	which is prohibited by state law from billing	rationale for transport.
	third party payers	İ '
A0433	Advanced life support, level 2 (als 2)	Submit progress notes for last 24 hours prior to transport,
		physician order including medical records supporting
		rationale for transport.
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical if applicable and letter of
		Medical Necessity documenting the need for the
A0435	FIVED WING AIR MAILENCE DED STATUTE MAILE	requested service. Recent history and physical if applicable and letter of
AU435	FIXED WING AIR MILEAGE, PER STATUTE MILE	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
		Medical Necessity documenting the need for the
A0436	Rotary wing air mileage, per statute mile	requested service. Submit progress notes for last 24 hours prior to transport,
710430	inotary wing an inneage, per statute inne	physician order including medical records supporting
		rationale for transport.
A4604	Tubing with integrated heating element for	eviCore - 1-855-252-1117 or
	use with positive airway pressure device	https://www.evicore.com/healthplan/bcbs
	and man positive an may pressure democ	
A7027	Combination oral/nasal mask, used with	eviCore - 1-855-252-1117 or
	continuous positive airway pressure device,	https://www.evicore.com/healthplan/bcbs
	each	
A7028	Oral cushion for combination oral/nasal	eviCore - 1-855-252-1117 or
	mask, replacement only, each	https://www.evicore.com/healthplan/bcbs
A7029	Nasal pillows for combination oral/nasal	eviCore - 1-855-252-1117 or
.=000	mask, replacement only, pair	https://www.evicore.com/healthplan/bcbs
A7030	Full face mask used with positive airway	eviCore - 1-855-252-1117 or
A7021	pressure device, each	https://www.evicore.com/healthplan/bcbs
A7031	· · ·	eviCore - 1-855-252-1117 or
A7032	mask, each Cushion for use on nasal mask interface,	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
A7032		
	replacement only, each	https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		The state of the s
Require Prior		
Authorization		
A7033	Pillow for use on nasal cannula type interface,	eviCore - 1-855-252-1117 or
	replacement only, pair	https://www.evicore.com/healthplan/bcbs
A7034	Nasal interface (mask or cannula type) used	eviCore - 1-855-252-1117 or
	with positive airway pressure device, with or	https://www.evicore.com/healthplan/bcbs
	without head strap	
A7035	Headgear used with positive airway pressure	eviCore - 1-855-252-1117 or
	device	https://www.evicore.com/healthplan/bcbs
A7036	Chinstrap used with positive airway pressure	eviCore - 1-855-252-1117 or
	device	https://www.evicore.com/healthplan/bcbs
A7037	Tubing used with positive airway pressure	eviCore - 1-855-252-1117 or
	device	https://www.evicore.com/healthplan/bcbs
A7038	Filter, disposable, used with positive airway	eviCore - 1-855-252-1117 or
	pressure device	https://www.evicore.com/healthplan/bcbs
A7039	Filter, non disposable, used with positive	eviCore - 1-855-252-1117 or
	airway pressure device	https://www.evicore.com/healthplan/bcbs
A7044	Oral interface used with positive airway	eviCore - 1-855-252-1117 or
	pressure device, each	https://www.evicore.com/healthplan/bcbs
A7045	Exhalation port with or without swivel used	eviCore - 1-855-252-1117 or
	with accessories for positive airway devices,	https://www.evicore.com/healthplan/bcbs
	replacement only	
A7046	Water chamber for humidifier, used with	eviCore - 1-855-252-1117 or
	positive airway pressure device, replacement, each	https://www.evicore.com/healthplan/bcbs
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	eviCore - 1-855-252-1117 or
	(Replaced C9031)	https://www.evicore.com/healthplan/bcbs
A9543	Yttrium Y-90 ibritumomab tiuxetan,	eviCore - 1-855-252-1117 or
	therapeutic, per treatment dose, up to 40	https://www.evicore.com/healthplan/bcbs
	millicuries	
A9590	lodine i-131, iobenguane, 1 millicurie	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
A9606	Radium ra-223 dichloride, therapeutic, per	eviCore - 1-855-252-1117 or
	microcurie	https://www.evicore.com/healthplan/bcbs
B4161	Enteral formula, for pediatrics,	Letter of medical necessity, including condition being
	hydrolyzed/amino acids and peptide chain	treated.
	proteins, includes fats, carbohydrates,	
	vitamins and minerals, may include fiber,	
	administered through an enteral feeding tube	
C8900	Magnetic resonance angiography with	eviCore - 1-855-252-1117 or
	contrast, abdomen	https://www.evicore.com/healthplan/bcbs
C8901	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast, abdomen	https://www.evicore.com/healthplan/bcbs
C8902	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast followed by with contrast, abdomen	https://www.evicore.com/healthplan/bcbs
C8903	Magnetic resonance imaging with contrast,	eviCore - 1-855-252-1117 or
	breast; unilateral	https://www.evicore.com/healthplan/bcbs
C8905		eviCore - 1-855-252-1117 or
	followed by with contrast, breast; unilateral	https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure Code	inedical Records Request Information Required
Require Prior		
Authorization		
C8906	Magnetic resonance imaging with contrast,	eviCore - 1-855-252-1117 or
	breast; bilateral	https://www.evicore.com/healthplan/bcbs
C8908	Magnetic resonance imaging without contrast	eviCore - 1-855-252-1117 or
	followed by with contrast, breast; bilateral	https://www.evicore.com/healthplan/bcbs
C8909	Magnetic resonance angiography with	eviCore - 1-855-252-1117 or
	contrast, chest (excluding myocardium)	https://www.evicore.com/healthplan/bcbs
C8910	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast, chest (excluding myocardium)	https://www.evicore.com/healthplan/bcbs
C8911	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast followed by with contrast, chest	https://www.evicore.com/healthplan/bcbs
	(excluding myocardium)	
C8912	Magnetic resonance angiography with	eviCore - 1-855-252-1117 or
	contrast, lower extremity	https://www.evicore.com/healthplan/bcbs
C8913	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast, lower extremity	https://www.evicore.com/healthplan/bcbs
C8914	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast followed by with contrast, lower	https://www.evicore.com/healthplan/bcbs
C8918	extremity Magnetic resonance angiography with	eviCore - 1-855-252-1117 or
	contrast, pelvis	https://www.evicore.com/healthplan/bcbs
C8919	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast, pelvis	https://www.evicore.com/healthplan/bcbs
C8920	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast followed by with contrast, pelvis	https://www.evicore.com/healthplan/bcbs
C8931	Magnetic resonance angiography with	eviCore - 1-855-252-1117 or
	contrast, spinal canal and contents	https://www.evicore.com/healthplan/bcbs
C8932	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast, spinal canal and contents	https://www.evicore.com/healthplan/bcbs
C8933	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast followed by with contrast, spinal	https://www.evicore.com/healthplan/bcbs
	canal and contents	
C8934	Magnetic resonance angiography with	eviCore - 1-855-252-1117 or
	contrast, upper extremity	https://www.evicore.com/healthplan/bcbs
C8935	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast, upper extremity	https://www.evicore.com/healthplan/bcbs
C8936	Magnetic resonance angiography without	eviCore - 1-855-252-1117 or
	contrast followed by with contrast, upper	https://www.evicore.com/healthplan/bcbs
C9032	extremity VIAL C9032 Injection, voretigene neparvovec-	eviCore - 1-855-252-1117 or
C3032	rzyl, 1 billion vector	https://www.evicore.com/healthplan/bcbs
	genome	The party of www.evicore.com/meantiplan/peps
C9036	Injection, patisiran, 0.1 mg	eviCore - 1-855-252-1117 or
	, , , , , , , , , , , , , , , , , , , ,	https://www.evicore.com/healthplan/bcbs
C9047	аТТР	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
C9052	Ravulizumab-cwvz, Ultomiris	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	intedical Records Request Information Required
Require Prior		
Authorization C9257	Injection, bevacizumab, 0.25 mg	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
C9257	Injection, bevacizumab, 0.25 mg	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
C9293	Injection, glucarpidase, 10 units	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
C9293	Injection, glucarpidase, 10 units	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
C9399	Unclasified drugs or biologicals	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
C9408	lodine i-131 iobenguane, therapeutic, 1	eviCore - 1-855-252-1117 or
50500	millicurie (Azedra)	https://www.evicore.com/healthplan/bcbs
C9600	Percutaneous transcatheter placement of	Letter of medical necessity, including condition being
	drug eluting intracoronary stent(s), with	treated.
	coronary angioplasty when performed; single	
	major coronary artery or branch	
C9757	Laminotomy (hemilaminectomy), with	eviCore - 1-855-252-1117 or
<i>C3737</i>	decompression of nerve root(s), including	https://www.evicore.com/healthplan/bcbs
	partial facetectomy, foraminotomy and	The party of the state of the s
	excision of herniated intervertebral disc, and	
	repair of annular defect with implantation of	
	bone anchored annular closure device,	
	including annular defect measurement,	
	alignment and sizing assessment, and image	
	guidance; 1 interspace, lumbar	
C9800	Dermal injection procedure(s) for facial	History and physical or clinical notes.
	lipodystrophy syndrome (lds) and provision of	
	radiesse or sculptra dermal filler, including all	
	items and supplies	
E0194	Air fluidized bed	History and physical or clinical notes, including anticipated
		length of use.
E0231	Non-contact wound warming device	History and Physical or clinical notes, including anticipated
	(temperature control unit, ac adapter and	length of use
	power cord) for use with warming card and	
50222	wound cover	Uistam, and Dhysical or alinical rates in alveling auticinated
E0232	Warming card for use with the non contact	History and Physical or clinical notes, including anticipated
	wound warming device and non contact	length of use
E0250	wound warming wound cover Hospital bed, fixed height, with any type side	History and Physical or clinical notes, including anticipated
20230	rails, with mattress	length of use
E0251	Hospital bed, fixed height, with any type side	History and Physical or clinical notes, including anticipated
	rails, without mattress	length of use
E0255	Hospital bed, variable height, hi-lo, with any	History and Physical or clinical notes, including anticipated
	type side rails, with mattress	length of use
E0256	Hospital bed, variable height, hi-lo, with any	History and Physical or clinical notes, including anticipated
	type side rails, without mattress	length of use
E0261	Hospital bed, semi-electric (head and foot	History and Physical or clinical notes, including anticipated
		length of use
	mattress	

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that Require Prior Authorization		
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0270	Hospital bed, institutional type includes:	History and Physical or clinical notes, including anticipated length of use
E0271	Mattress, innerspring	History and physical or clinical notes, including anticipated length of use.
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0290	Hospital bed, fixed height, without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0291	Hospital bed, fixed height, without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status

Procedure Codes that Require Prior	Description of Procedure Code	Medical Records Request Information Required
Authorization E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	History and physical or clinical notes, including anticipated length of use.
E0301	Hospital bed, heavy duty, extra wide, with	History and physical or clinical notes, including anticipated length of use
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	History and physical or clinical notes, including anticipated length of use
E0303	Hospital bed, heavy duty, extra wide, with	History and physical or clinical notes, including anticipated length of use
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use
E0329		Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0455	Oxygen tent, excluding croup or pediatric tents	History and physical or clinical notes, including anticipated length of use.
E0465		History and physical or clinical notes, including anticipated length of use.
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.
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

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure code	imedical Records Request information Required
Require Prior		
Authorization		
E0471	Respiratory assist device, bi-level pressure	eviCore - 1-855-252-1117 or
	capability, with back-up rate feature, used	https://www.evicore.com/healthplan/bcbs
	with noninvasive interface, e.g., nasal or facial	
	mask (intermittent assist device with	
	continuous positive airway pressure device)	
	continuous positive un way pressure actioe;	
E0485	Oral device/appliance used to reduce upper	eviCore - 1-855-252-1117 or
	airway collapsibility, adjustable or non-	https://www.evicore.com/healthplan/bcbs
	adjustable, prefabricated, includes fitting and	
	adiustment	
E0486	Oral device/appliance used to reduce upper	eviCore - 1-855-252-1117 or
	airway collapsibility, adjustable or non-	https://www.evicore.com/healthplan/bcbs
	adjustable, custom fabricated, includes fitting	
	and adjustment	
E0561	Humidifier, non-heated, used with positive	eviCore - 1-855-252-1117 or
50563	airway pressure device	https://www.evicore.com/healthplan/bcbs
E0562	Humidifier, heated, used with positive airway	eviCore - 1-855-252-1117 or
F0601	pressure device Continuous positive airway pressure (cpap)	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
E0601		
E0635	device Patient lift, electric with seat or sling	https://www.evicore.com/healthplan/bcbs Letter of medical necessity containing the following
E0033	ratient int, electric with seat of sining	information: Anticipated length of time patient will require
		the equipment, Description of medical condition requiring
		use of this equipment including mobility status.
		use of this equipment including mobility status.
E0637	COMBINATION SIT TO STAND FRAME/TABLE	Letter of medical necessity containing the following
	SYSTEM, ANY SIZE INCLUDING PEDIATRIC,	information: Anticipated length of time patient will require
	WITH SEAT LIFT FEATURE, WITH OR WITHOUT	the equipment, Description of medical condition requiring
	WHEELS	use of this equipment including mobility status.
		,
E0638	Standing frame/table system, one position	Letter of medical necessity, including condition being
	(e.g., upright, supine or prone stander), any	treated.
	size including pediatric, with or without	
	wheels	
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-	Letter of medical necessity, including condition being
	POSITION (E.G. THREE-WAY STANDER), ANY	treated.
	SIZE INCLUDING PEDIATRIC, WITH OR	
E0642	WITHOUT WHEELS STANDING FRAME/TABLE SYSTEM, MOBILE	Letter of modical passesity, including condition being
EU042	(DYNAMIC STANDER), ANY SIZE INCLUDING	Letter of medical necessity, including condition being
		treated.
E0651	PEDIATRIC Pneumatic compressor, segmental home	Letter of medical necessity, including condition being
	model without calibrated gradient pressure	treated.
	model without camprated gradient pressure	a. cutcu.
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL	Letter of medical necessity, including condition being
	HOME MODEL WITH CALIBRATED GRADIENT	treated.
	PRESSURE PRESSURE	
E0670	Segmental pneumatic appliance for use with	Letter of medical necessity, including condition being
		treated.
	and trunk	

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	ivieuicai Recorus Request illiorination Requireu
Require Prior		
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Authorization E0675	PNEUMATIC COMPRESSION DEVICE, HIGH	History and physical including comorbidities, previously
20075	PRESSURE, RAPID INFLATION/DEFLATION	tried clinical interventions and operative report if any
	CYCLE, FOR ARTERIAL INSUFFICIENCY	available.
	(UNILATERAL OR BILATERAL SYSTEM)	avaliable.
E0676	Intermittent limb compression device	History and physical including comorbidities, previously
	(includes all accessories), not otherwise	tried clinical interventions and operative report if any
	specified	available.
E0691	Ultraviolet light therapy system, includes	History and physical including comorbidities, previously
	bulbs/lamps, timer and eye protection;	tried clinical interventions and operative report if any
	treatment area 2 sq ft or less	available.
E0692	Ultraviolet light therapy system panel,	History and physical including comorbidities, previously
	includes bulbs/lamps, timer and eye	tried clinical interventions and operative report if any
	protection, 4 ft panel	available.
E0693	Ultraviolet light therapy system panel,	History and physical including comorbidities, previously
	includes bulbs/lamps, timer and eye	tried clinical interventions and operative report if any
	protection, 6 ft panel	available.
E0694	Ultraviolet multidirectional light therapy	Letter of medical necessity containing the following
	system in 6 foot cabinet, includes	information: Anticipated length of time patient will require
	bulbs/lamps, timer and eye protection	the equipment, Description of medical condition requiring
	, and a second s	use of this equipment including mobility status.
		ass or and equipment moduling modulity status.
E0700	Safety equipment, device or accessory, any	Letter of medical necessity containing the following
	type	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	Letter of medical necessity containing the following
	(TENS) device, 4 or more leads, for multiple	information: Anticipated length of time patient will require
	nerve stimulation	the equipment, Description of medical condition requiring
		use of this equipment including mobility status.
50747		
E0747	Osteogenesis stimulator, electrical, non-	Letter of medical necessity containing the following
	invasive, other than spinal applications	information: Anticipated length of time patient will require
		the equipment, Description of medical condition requiring
		use of this equipment including mobility status.
E0748	Osteogenesis stimulator, electrical, non-	eviCore - 1-855-252-1117 or
207 10	invasive, spinal applications	https://www.evicore.com/healthplan/bcbs
E0749	Osteogenesis stimulator, electrical, surgically	eviCore - 1-855-252-1117 or
	implanted	https://www.evicore.com/healthplan/bcbs
E0760	Osteogenesis stimulator, low intensity	Letter of medical necessity containing the following
	ultrasound, non-invasive	information: Anticipated length of time patient will require
		the equipment, Description of medical condition requiring
		use of this equipment including mobility status.
		and or also equipment including mobility status.
E0764	Functional neuromuscular stimulation,	Letter of medical necessity containing the following
	transcutaneous stimulation of sequential	information: Anticipated length of time patient will require
	muscle groups of ambulation with computer	the equipment, Description of medical condition requiring
	control, used for walking by spinal cord	use of this equipment including mobility status.
	injured, entire system, after completion of	0
	training program	

Procedure Codes that Require Prior	Description of Procedure Code	Medical Records Request Information Required
Authorization E0766	Electrical stimulation device used for cancer	Letter of medical necessity, including condition being
10700	treatment, includes all accessories, any type	treated.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0782	Infusion pump, implantable, non- programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0784	External ambulatory infusion pump, insulin	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0936	Continuous passive motion exercise device for use other than knee	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0986	Manual wheelchair accessory, push rim activated power assist system.	Letter of medical Necessity supporting need for the wheelchair accessory.
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.
E1005	Wheelchair accessory, power seatng system, recline only, with power shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Letter of medical Necessity supporting need for the wheelchair accessory.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Letter of medical Necessity supporting need for the wheelchair accessory.
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.
E1037	Transport chair, pediatric size	Letter of medical Necessity supporting need for the wheelchair accessory.
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1239	Power wheelchair, pediatric size, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1310	Whirlpool, nonportable (built-in type)	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2301	Wheelchair accessory, power standing system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.

Procedure Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior Authorization		
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	Letter of medical Necessity supporting need for the wheelchair accessory.
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2327	Power wheelchair accessory, head control	Letter of medical Necessity supporting need for the wheelchair accessory.
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Letter of medical Necessity supporting need for the wheelchair accessory.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Letter of medical necessity, including condition being treated.
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.
E2506	Speech generating device, digitized speech,	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure code	imedical Records Request Illiorniation Required
Require Prior		
Authorization		
E2508	Speech generating device, synthesized	Letter of Medical Necessity including length of time
	speech, requiring message formulation by	equipment needed, functional status if applicable and
	spelling and access by physical contact with	description of medical condition.
	the device	description of medical containion.
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED	Letter of Medical Necessity including length of time
	SPEECH, PERMITTING MULTIPLE METHODS	equipment needed, functional status if applicable and
	OF MESSAGE FORMULATION AND MULTIPLE	description of medical condition.
	METHODS OF DEVICE ACCESS	
E2599	Accessory for speech generating device, not	Letter of Medical Necessity including length of time
L2333	otherwise classified	equipment needed, functional status if applicable and
	other wise classified	description of medical condition.
E2609	Custom fabricated wheelchair seat cushion,	History and physical or clinical notes, including anticipated
	any size	length of use.
E2615	Positioning wheelchair back cushion,	History and physical or clinical notes, including anticipated
	posterior-lateral, width less than 22 in, any	length of use.
	height, including any type mounting	
	hardware	
E2620	Positioning wheelchair back cushion, planar	History and physical or clinical notes, including anticipated
	back with lateral supports, width less than 22	length of use.
	in, any height, including any type mounting	
	hardware	
E2621	Positioning wheelchair back cushion, planar	History and physical or clinical notes, including anticipated
	back with lateral supports, width 22 in or	length of use.
	greater, any height, including any type	
	mounting hardware	
E2627	Wheelchair accessory, shoulder elbow,	History and physical or clinical notes, including anticipated
	mobile arm support attached to wheelchair,	length of use.
	balanced, adjustable Rancho type	
E2629	Wheelchair accessory, shoulder elbow,	History and physical or clinical notes, including anticipated
	mobile arm support attached to wheelchair,	length of use.
	balanced, friction arm support (friction	
	dampening to proximal and distal joints)	
E8000	Gait trainer, pediatric size, posterior support,	History and physical or clinical notes, including anticipated
	includes all accessories and components	length of use.
E8001	Gait trainer, pediatric size, upright support,	History and physical or clinical notes, including anticipated
	includes all accessories and components	length of use.
E8002	Gait trainer, pediatric size, anterior support,	History and physical or clinical notes, including anticipated
L0002	includes all accessories and components	length of use.
	· ·	
G0151	Services performed by a qualified physical	History and physical, chart notes from ordering physician,
	therapist in the home health or hospice	treatment plan with Letter of medical necessity, including
60453	setting, each 15 minutes	condition being treated.
G0152	Services performed by a qualified	History and physical, chart notes from ordering physician,
	occupational therapist in the home health or hospice setting, each 15 minutes	treatment plan with Letter of medical necessity, including condition being treated.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
G0153	SERVICES PERFORMED BY A QUALIFIED	Recent history and physical, plan of care, and
	SPEECH-LANGUAGE PATHOLOGIST IN THE	documentation of medical necessity.
	HOME HEALTH OR HOSPICE SETTING, EACH	
	15 MINUTES	
G0155	Services of clinical social worker in home	History and physical, chart notes from ordering physician,
	health or hospice settings, each 15 minutes	treatment plan with Letter of medical necessity, including
G0156	Services of home health/hospice aide in	condition being treated. History and physical, chart notes from ordering physician,
G0130	■	
	home health or hospice settings, each 15	treatment plan with Letter of medical necessity, including
C01F7	minutes Services performed by a qualified physical	condition being treated.
G0157	1	History and physical, chart notes from ordering physician,
	therapist assistant in the home health or	treatment plan with Letter of medical necessity, including
	hospice setting, each 15 minutes	condition being treated.
G0158	Services performed by a qualified	History and physical, chart notes from ordering physician,
	occupational therapist assistant in the home	treatment plan with Letter of medical necessity, including
	health or hospice setting, each 15 minutes	condition being treated.
	3, 111	
G0159	Services performed by a qualified physical	History and physical, chart notes from ordering physician,
	therapist, in the home health setting, in the	treatment plan with Letter of medical necessity, including
	establishment or delivery of a safe and	condition being treated.
	effective physical therapy maintenance	
	program, each 15 minutes	
G0160	Services performed by a qualified	History and physical, chart notes from ordering physician,
	occupational therapist, in the home health	treatment plan with Letter of medical necessity, including
	setting, in the establishment or delivery of a	condition being treated.
	safe and effective occupational therapy	
	maintenance program, each 15 minutes	
G0161	Services performed by a qualified speech-	History and physical, chart notes from ordering physician,
	language pathologist, in the home health	treatment plan with Letter of medical necessity, including
	setting, in the establishment or delivery of a	condition being treated.
	safe and effective speech-language pathology	I -
	maintenance program, each 15 minutes	
	maintenance program, each 15 minutes	
G0219	Pet imaging whole body; melanoma for non-	eviCore - 1-855-252-1117 or
	covered indications	https://www.evicore.com/healthplan/bcbs
G0235	Pet imaging, any site, not otherwise specified	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		, , , , , , , , , , , , , , , , , , ,
Require Prior		
Authorization		
G0248	Demonstration, prior to initiation of home inr	History and physical, chart notes from ordering physician,
	monitoring, for patient with either	treatment plan with Letter of medical necessity, including
	mechanical heart valve(s), chronic atrial	condition being treated.
	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	
G0252	Pet imaging, full and partial-ring PET scanners	eviCore - 1-855-252-1117 or
	only, for initial diagnosis of breast cancer	https://www.evicore.com/healthplan/bcbs
	and/or surgical planning for breast cancer	
	(e.g., initial staging of axillary lymph nodes)	
G0260	Injection procedure for sacroiliac joint;	eviCore - 1-855-252-1117 or
	provision of anesthetic, steroid and/or other	https://www.evicore.com/healthplan/bcbs
	therapeutic agent, with or without	
00001	arthrography	10 4 055 050 4445
G0281	Electrical stimulation, (unattended), to one or	
	more areas, for chronic stage iii and stage iv	https://www.evicore.com/healthplan/bcbs
	pressure ulcers, arterial ulcers, diabetic	
	ulcers, and venous statsis ulcers not	
	demonstrating measurable signs of healing	
	after 30 days of conventional care, as part of	
	a therapy plan of care	
G0282	Electrical stimulation, (unattended), to one or	eviCore - 1-855-252-1117 or
	more areas, for wound care other than	https://www.evicore.com/healthplan/bcbs
	described in G0281	
G0283	Electrical stimulation (unattended), to one or	eviCore - 1-855-252-1117 or
	more areas for indication(s) other than	https://www.evicore.com/healthplan/bcbs
	wound care, as part of a therapy plan of care	
G0297	Low dose ct scan (ldct) for lung cancer	eviCore - 1-855-252-1117 or
	screening	https://www.evicore.com/healthplan/bcbs
G0299	Direct skilled nursing services of a registered	History and physical, chart notes from ordering physician,
	nurse (rn) in the home health or hospice	treatment plan with Letter of medical necessity, including
	setting, each 15 minutes	condition being treated.
G0300	Direct skilled nursing services of a license	History and physical, chart notes from ordering physician,
	practical nurse (Ipn) in the home health or	treatment plan with Letter of medical necessity, including
	hospice setting, each 15 minutes	condition being treated.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	intedical Records Request Information Required
Require Prior		
Authorization		
G0329	Electromagnetic therapy, to one or more	eviCore - 1-855-252-1117 or
	areas for chronic stage iii and stage iv	https://www.evicore.com/healthplan/bcbs
	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	
G0339	Image-guided robotic linear accelerator-	eviCore - 1-855-252-1117 or
	based stereotactic radiosurgery, complete	https://www.evicore.com/healthplan/bcbs
	course of therapy in one session or first	
	session of fractionated treatment	
G0340	Image-guided robotic linear accelerator-	eviCore - 1-855-252-1117 or
	based stereotactic radiosurgery, delivery	https://www.evicore.com/healthplan/bcbs
	including collimator changes and custom	
	plugging, fractionated treatment, all lesions,	
	per session, second through fifth sessions,	
	maximum five sessions per course of	
G0398	Home sleep study test (hst) with type ii	eviCore - 1-855-252-1117 or
	portable monitor, unattended; minimum of 7	https://www.evicore.com/healthplan/bcbs
	channels: eeg, eog, emg, ecg/heart rate,	
	airflow, respiratory effort and oxygen saturation	
G0399	Home sleep test (hst) with type iii portable	eviCore - 1-855-252-1117 or
	monitor, unattended; minimum of 4	https://www.evicore.com/healthplan/bcbs
	channels: 2 respiratory movement/airflow, 1	
	ecg/heart rate and 1 oxygen saturation	
G0400	Home sleep test (hst) with type iv portable	eviCore - 1-855-252-1117 or
	monitor, unattended; minimum of 3 channels	https://www.evicore.com/healthplan/bcbs
G0422	INTENSIVE CARDIAC REHABILITATION; WITH	History and physical, chart notes from ordering physician,
	OR WITHOUT CONTINUOUS ECG	treatment plan with Letter of medical necessity, including
	MONITORING WITH EXERCISE, PER SESSION	condition being treated.
G0423	INTENSIVE CARDIAC REHABILITATION; WITH	History and physical, chart notes from ordering physician,
	OR WITHOUT CONTINUOUS ECG	treatment plan with Letter of medical necessity, including
	MONITORING; WITHOUT EXERCISE, PER	condition being treated.
G0429	SESSION Dermal filler injection(s) for the treatment of	History and physical shart notes from ardering physician
JU429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including
	result of highly active antiretroviral therapy)	condition being treated.
	result of mignity active antirectovital therapy)	condition being treated.
G0451	<u> </u>	History and physical, chart notes from ordering physician,
	report, per standardized instrument form	treatment plan with Letter of medical necessity, including
G0458	Low dose rate (LDR) prostate brachytherapy	condition being treated. eviCore - 1-855-252-1117 or
	services, composite rate	https://www.evicore.com/healthplan/bcbs
G6001	Ultrasonic guidance for placement of	eviCore - 1-855-252-1117 or
	radiation therapy fields	https://www.evicore.com/healthplan/bcbs

Procedure Code Codes that Require Prior Authorization G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation Medical Records Request Information Medical Records Request Information Medical Records Request Information Medical Records Request Information Medical Records Request Information Medical Records Request Information Procedure Code Medical Records Request Information Medical Records Request Information Authorization Medical Records Request Information Procedure Code Procedure Code Medical Records Request Information Procedure Code Procedure	
Authorization G6002 Stereoscopic x-ray guidance for localization of eviCore - 1-855-252-1117 or	
Authorization G6002 Stereoscopic x-ray guidance for localization of eviCore - 1-855-252-1117 or	
1 70	
target volume for the delivery of radiation https://www.ovicere.com/hoal	
	lthplan/bcbs
therapy	
G6003 Radiation treatment delivery, single eviCore - 1-855-252-1117 or	lkla valla va /la ala a
treatment area, single port or parallel https://www.evicore.com/heal	ithpian/bcbs
opposed ports, simple blocks or no blocks: up	
G6004 Radiation treatment delivery, single eviCore - 1-855-252-1117 or	
treatment area, single port or parallel https://www.evicore.com/heal	lthplan/bcbs
opposed ports, simple blocks or no blocks: 6-	
10 mev	
G6005 Radiation treatment delivery, single eviCore - 1-855-252-1117 or	
treatment area, single port or parallel https://www.evicore.com/heal	lthplan/bcbs
opposed ports, simple blocks or no blocks: 11-	
G6006 Radiation treatment delivery, single eviCore - 1-855-252-1117 or	
treatment area, single port or parallel https://www.evicore.com/heal	lthplan/bcbs
opposed ports, simple blocks or no blocks: 20	· ·
mey or greater	
G6007 Radiation treatment delivery, 2 separate eviCore - 1-855-252-1117 or	
treatment areas, 3 or more ports on a single https://www.evicore.com/heal	lthplan/bcbs
treatment area, use of multiple blocks: up to	
G6008 Radiation treatment delivery, 2 separate eviCore - 1-855-252-1117 or	
treatment areas, 3 or more ports on a single https://www.evicore.com/heal	lthplan/bcbs
treatment area, use of multiple blocks: 6-10	
mev	
G6009 Radiation treatment delivery, 2 separate eviCore - 1-855-252-1117 or	
treatment areas, 3 or more ports on a single https://www.evicore.com/heal	lthplan/bcbs
treatment area, use of multiple blocks: 11-19	
G6010 Radiation treatment delivery, 2 separate eviCore - 1-855-252-1117 or	
treatment areas, 3 or more ports on a single https://www.evicore.com/heal	lthnlan/hchs
treatment area, use of multiple blocks: 20	itiipiaii, bebs
mey or greater	
G6011 Radiation treatment delivery,3 or more eviCore - 1-855-252-1117 or	
separate treatment areas, custom blocking, https://www.evicore.com/heal	lthplan/bcbs
tangential ports, wedges, rotational beam,	
compensators, electron beam; up to 5 mev	
G6012 Radiation treatment delivery,3 or more eviCore - 1-855-252-1117 or	
separate treatment areas, custom blocking, https://www.evicore.com/heal	lthplan/bcbs
tangential ports, wedges, rotational beam,	, ,
compensators, electron beam; 6-10 mev	
CC012 Padiation treatment delivery 2 arrange and Core 4 OFF 252 4447 arr	
G6013 Radiation treatment delivery,3 or more eviCore - 1-855-252-1117 or	lthnlan/hchs
separate treatment areas, custom blocking, https://www.evicore.com/heal tangential ports, wedges, rotational beam,	ittipiati/ DCDS
compensators, electron beam; 11-19 mev	
compensators, electron beam, 11 15 mev	

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	iviedical necolus nequest illiorillation nequiled
Require Prior		
Authorization		
G6014	Radiation treatment delivery,3 or more	eviCore - 1-855-252-1117 or
	separate treatment areas, custom blocking,	https://www.evicore.com/healthplan/bcbs
	tangential ports, wedges, rotational beam,	, , , , , , , , , , , , , , , , , , , ,
	compensators, electron beam; 20 mev or	
	greater	
G6015	Intensity modulated treatment delivery,	eviCore - 1-855-252-1117 or
	single or multiple fields/arcs,via narrow	https://www.evicore.com/healthplan/bcbs
	spatially and temporally modulated beams,	
	binary, dynamic mlc, per treatment session	
G6016	Compensator-based beam modulation	eviCore - 1-855-252-1117 or
00010	treatment delivery of inverse planned	https://www.evicore.com/healthplan/bcbs
	treatment using 3 or more high resolution	The party www.evicore.com/fredictiplan/pcb3
	(milled or cast) compensator, convergent	
	beam modulated fields, per treatment	
	session	
G6017	Intra-fraction localization and tracking of	eviCore - 1-855-252-1117 or
	target or patient motion during delivery of	https://www.evicore.com/healthplan/bcbs
	radiation therapy (eg, 3d	
	positional tracking, gating, 3d surface	
	tracking) each fraction of treatment	
G9143	Warfarin responsiveness testing by genetic	eviCore - 1-855-252-1117 or
	technique using any method, any number of	https://www.evicore.com/healthplan/bcbs
	specimen(s)	
J0129	Injection, abatacept, 10 mg (code may be	eviCore - 1-855-252-1117 or
	used for medicare when drug administered	https://www.evicore.com/healthplan/bcbs
	under the direct supervision of a physician,	
	not for use when drug is self administered)	
J0178	Injection, aflibercept, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0179	Injection, brolucizumab-dbll, 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
10202	laisakin alauskusuusak 4 ma	https://www.evicore.com/healthplan/bcbs
J0202	Injection, alemtuzumab, 1 mg	eviCore - 1-855-252-1117 or
J0207	Injection, amifostine, 500 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J0207	injection, anniostine, 500 mg	
J0221	Injection, alglucosidase alfa, (lumizyme), 10	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
30221	mg	https://www.evicore.com/healthplan/bcbs
J0256	Injection, alpha 1 proteinase inhibitor	eviCore - 1-855-252-1117 or
	(human), not otherwise specified, 10 mg	https://www.evicore.com/healthplan/bcbs
J0257	Injection, alpha 1 proteinase inhibitor	eviCore - 1-855-252-1117 or
	(human), (glassia), 10 mg	https://www.evicore.com/healthplan/bcbs
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
J0517		eviCore - 1-855-252-1117 or
	Fasenra	https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure code	imedical Records Request information Required
Require Prior		
Authorization		
J0565	Zinplava 1000 MG/40ML SOLN J0565	eviCore - 1-855-252-1117 or
	Injection, bezlotoxumab, 10 mg	https://www.evicore.com/healthplan/bcbs
J0584	injection) seriotoxamas) 10 mg	eviCore - 1-855-252-1117 or
	Crysvita	https://www.evicore.com/healthplan/bcbs
J0585	Injection, onabotulinumtoxina, 1 unit	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
J0585	Injection, onabotulinumtoxina, 1 unit	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0586	Injection, abobotulinumtoxina, 5 units	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
J0586	Injection, abobotulinumtoxina, 5 units	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0587	Injection, rimabotulinumtoxinb, 100 units	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
J0587	Injection, rimabotulinumtoxinb, 100 units	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0588	Injection, incobotulinumtoxin a, 1 unit	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
J0588	Injection, incobotulinumtoxin a, 1 unit	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0596	Injection, c1 esterase inhibitor (recombinant),	eviCore - 1-855-252-1117 or
	ruconest, 10 units	https://www.evicore.com/healthplan/bcbs
J0597	Injection, c-1 esterase inhibitor (human),	eviCore - 1-855-252-1117 or
10500	berinert, 10 units	https://www.evicore.com/healthplan/bcbs
J0598	Injection, c-1 esterase inhibitor (human),	eviCore - 1-855-252-1117 or
10000	cinryze, 10 units	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J0606	5 MG/ML SOLN J0606 Injection, etelcalcetide,	
	0.1 mg and 2.5 MG/0.5ML SOLN J0606	https://www.evicore.com/healthplan/bcbs
	Injection, etelcalcetide, 0.1 mg and 10	
	MG/2ML SOLN J0606 Injection, etelcalcetide,	
J0638	Injection, canakinumab, 1 mg	eviCore - 1-855-252-1117 or
30030	injection) canalination 1 mg	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
J0642	Levoleucovorin	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0775	Injection, collagenase, clostridium	eviCore - 1-855-252-1117 or
	histolyticum, 0.01 mg	https://www.evicore.com/healthplan/bcbs
J0800	Injection, corticotropin, up to 40 units	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
10800	Injection, corticotropin, up to 40 units	For BCCHP members, contact eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J0885	Injection, epoetin alfa, (for non-esrd use),	eviCore - 1-855-252-1117 or
1000=	1000 units	https://www.evicore.com/healthplan/bcbs
J0887	Injection, epoetin beta, 1 microgram, (for	For MMAI members, contact Prime Therapeutics. Call 877-
10007	esrd on dialysis)	243-6930 or fax 800-285-9426.
J0887	Injection, epoetin beta, 1 microgram, (for	For BCCHP members, contact eviCore - 1-855-252-1117 or
	esrd on dialysis)	https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		1
Require Prior		
Authorization		
J0888	Injection, epoetin beta, 1	For MMAI members, contact Prime Therapeutics. Call 877-
	microgram, (for non esrd use)	243-6930 or fax 800-285-9426.
J0888	Injection, epoetin beta, 1	For BCCHP members, contact eviCore - 1-855-252-1117 or
	microgram, (for non esrd use)	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
14000	1	https://www.evicore.com/healthplan/bcbs
J1300	Injection, eculizumab, 10 mg	eviCore - 1-855-252-1117 or
14.2.04		https://www.evicore.com/healthplan/bcbs
J1301	Radicava	eviCore - 1-855-252-1117 or
J1322	Injection, elosulfase alfa, 1 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J1322	injection, elosultase alia, 1 mg	
J1325	Injection, epoprostenol, 0.5 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
11323	injection, epoprosterior, 0.5 mg	https://www.evicore.com/healthplan/bcbs
J1428	500 MG/10ML SOLN J1428 Injection,	eviCore - 1-855-252-1117 or
31420	eteplirsen, 10 mg and Exondys 51 100	https://www.evicore.com/healthplan/bcbs
	MG/2ML SOLN J1428 Injection, eteplirsen, 10	inteps.//www.evicore.com/nearmplan/bcbs
	Img	
J1442	Injection, filgrastim (g-csf), eXcludes	eviCore - 1-855-252-1117 or
	biosimilars, 1 microgram	https://www.evicore.com/healthplan/bcbs
J1447	Injection, tbo-filgrastim, 1 microgram	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1453	Injection, fosaprepitant, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1454	Fosnetupitant/Palonosetron	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1458	Injection, galsulfase, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1459	Injection, immune globulin (privigen),	eviCore - 1-855-252-1117 or
	intravenous, non-lyophilized (e.g., liquid), 500	https://www.evicore.com/healthplan/bcbs
14.450	mg	
J1460	S/D INJ J1460 Injection, gamma globulin,	eviCore - 1-855-252-1117 or
J1555	intramuscular, 1 cc Injection, immune globulin, 100 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
11333	injection, initidite globalin, 100 mg	https://www.evicore.com/healthplan/bcbs
J1556	Injection, immune globulin (bivigam), 500 mg	eviCore - 1-855-252-1117 or
31330	injection, initiatic growanii (arriganii), 300 mg	https://www.evicore.com/healthplan/bcbs
J1557	Injection, immune globulin, (gammapleX),	eviCore - 1-855-252-1117 or
	intravenous, non-lyophilized (e.g., liquid),	https://www.evicore.com/healthplan/bcbs
	500 mg	The state of the s
J1559		eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1560	Injection, gamma globulin, intramuscular,	eviCore - 1-855-252-1117 or
	over 10 cc	https://www.evicore.com/healthplan/bcbs
J1561	Injection, immune globulin, (gamunex-	eviCore - 1-855-252-1117 or
	c/gammaked), non-lyophilized (e.g., liquid),	https://www.evicore.com/healthplan/bcbs
	500 mg	

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	imedical Records Request information Required
Require Prior		
Authorization		
J1566	Injection, immune globulin, intravenous,	eviCore - 1-855-252-1117 or
	lyophilized (e.g., powder), not otherwise	https://www.evicore.com/healthplan/bcbs
	specified, 500 mg	
J1568	Injection, immune globulin, (octagam),	eviCore - 1-855-252-1117 or
	intravenous, non-lyophilized (e.g., liquid), 500	https://www.evicore.com/healthplan/bcbs
	mg	
J1569	Injection, immune globulin, (gammagard	eviCore - 1-855-252-1117 or
	liquid), non-lyophilized, (e.g., liquid), 500 mg	https://www.evicore.com/healthplan/bcbs
J1572	Injection, immune globulin,	eviCore - 1-855-252-1117 or
	(flebogamma/flebogamma dif), intravenous,	https://www.evicore.com/healthplan/bcbs
	non-lyophilized (e.g., liquid), 500 mg	The poly, and the concentration of the concentratio
	mon tyophinized (e.g.) inquidity 500 mg	
J1575	Injection, immune globulin/hyaluronidase,	eviCore - 1-855-252-1117 or
	(hyqvia), 100 mg immuneglobulin	https://www.evicore.com/healthplan/bcbs
J1602	Injection, golimumab, 1 mg, for intravenous	For MMAI members, contact Prime Therapeutics. Call 877-
	use	243-6930 or fax 800-285-9426.
J1602	Injection, golimumab, 1 mg, for intravenous	For BCCHP members, contact eviCore - 1-855-252-1117 or
	use	https://www.evicore.com/healthplan/bcbs
J1627	Injection, granisetron, extended-release, 0.1	eviCore - 1-855-252-1117 or
14740	mg	https://www.evicore.com/healthplan/bcbs
J1743	Injection, idursulfase, 1 mg	eviCore - 1-855-252-1117 or
:1744	Initiation institute 1 mm	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
j1744	Injection, icatibant, 1 mg	
J1745	Injection infliXimab, 10 mg	https://www.evicore.com/healthplan/bcbs For MMAI members, contact Prime Therapeutics. Call 877-
31743	injection initialities, 10 mg	243-6930 or fax 800-285-9426.
J1745	Injection infliXimab, 10 mg	For BCCHP members, contact eviCore - 1-855-252-1117 or
	, , , , , ,	https://www.evicore.com/healthplan/bcbs
J1746	Trogarzo	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1786	Injection, imiglucerase, 10 units	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1930	Injection, lanreotide, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1931	Injection, laronidase, 0.1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J1950	Leuprolide acetate, per 3.75 mg	eviCore - 1-855-252-1117 or
12170	Unication, magazawain, 4 vez	https://www.evicore.com/healthplan/bcbs
J2170	Injection, mecasermin, 1 mg	For MMAI members, contact Prime Therapeutics. Call 877-
J2170	Injection, mecasermin, 1 mg	243-6930 or fax 800-285-9426. For BCCHP members, contact eviCore - 1-855-252-1117 or
32170	injection, mecaserini, 1 mg	https://www.evicore.com/healthplan/bcbs
J2182	100 MG SOLR J2182 Injection,	eviCore - 1-855-252-1117 or
-1101	mepolizumab, 1 mg	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

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
J2350	300 MG/10ML SOLN J2350 Injection,	eviCore - 1-855-252-1117 or
	ocrelizumab, 1 mg. New code effective	https://www.evicore.com/healthplan/bcbs
	1/1/18 previously coded J3590 Go live was	neepsi, y www.evicore.com, neutriplan, 2003
	11/1/17	
J2353	Injection, octreotide, depot form for	eviCore - 1-855-252-1117 or
	intramuscular injection, 1 mg	https://www.evicore.com/healthplan/bcbs
J2354	Injection, octreotide, non-depot form for	eviCore - 1-855-252-1117 or
	subcutaneous or intravenous injection, 25	https://www.evicore.com/healthplan/bcbs
	mcg	
J2357	Injection, omalizumab, 5 mg	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
J2357	Injection, omalizumab, 5 mg	For BCCHP members, contact 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	For MMAI members, contact Prime Therapeutics. Call 877-
		243-6930 or fax 800-285-9426.
J2502	Injection, pasireotide long acting, 1 mg	For BCCHP members, contact 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
J2505	Injection, pegfilgrastim, 6 mg	eviCore - 1-855-252-1117 or
10505		https://www.evicore.com/healthplan/bcbs
J2507	Injection, pegloticase, 1 mg	eviCore - 1-855-252-1117 or
125.62	laintina alaiyefaa 4 aan	https://www.evicore.com/healthplan/bcbs
J2562	Injection, pleriXafor, 1 mg	eviCore - 1-855-252-1117 or
J2778	Injection, ranibizumab, 0.1 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J2776	Injection, rambizumab, 0.1 mg	
J2783	Injection, rasburicase, 0.5	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
32703	mg	https://www.evicore.com/healthplan/bcbs
J2786	100 MG/10ML SOLN J2786 Injection,	eviCore - 1-855-252-1117 or
32700	reslizumab, 1 mg	https://www.evicore.com/healthplan/bcbs
J2793	Injection, rilonacept, 1 mg	eviCore - 1-855-252-1117 or
	Injection, menuscry 2 mg	https://www.evicore.com/healthplan/bcbs
J2796	Injection, romiplostim, 10 micrograms	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J2840	Kanuma 20 MG/10ML SOLN J2840	eviCore - 1-855-252-1117 or
	Injection, sebelipase alfa, 1 mg	https://www.evicore.com/healthplan/bcbs
J2860	Injection, siltuXimab, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J3060	Injection, taliglucerace alfa, 10 units	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J3245		eviCore - 1-855-252-1117 or
	Ilumya	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

Procedure	Description of Procedure Code	Modical Pagards Paguest Information Paguired
Procedure Codes that	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization J3304		eviCore - 1-855-252-1117 or
	Zilretta	https://www.evicore.com/healthplan/bcbs
J3315	Injection, triptorelin pamoate, 3.75 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J3316		eviCore - 1-855-252-1117 or
	Triptodur	https://www.evicore.com/healthplan/bcbs
J3357	Stelara 45 MG/0.5ML SOLN J3357	eviCore - 1-855-252-1117 or
	Ustekinumab, for subcutaneous injection, 1	https://www.evicore.com/healthplan/bcbs
	mg and Stelara 90 MG/ML SOSY J3357	
	Ustekinumab, for subcutaneous injection, 1	
12250	mg	
J3358	Stelara 130 MG/26ML SOLN J3358	eviCore - 1-855-252-1117 or
	Ustekinumab, for intravenous injection, 1 mg	https://www.evicore.com/healthplan/bcbs
J3380	Injection, vedolizumab, 1 mg	eviCore - 1-855-252-1117 or
	, , , , , , , , , , , , , , , , , , , ,	https://www.evicore.com/healthplan/bcbs
J3385	Injection, velaglucerase alfa, 100 units	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J3397		eviCore - 1-855-252-1117 or
	Mepsevii	https://www.evicore.com/healthplan/bcbs
J3398		eviCore - 1-855-252-1117 or
	Luxturna	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
12500	Lindersified histories	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J3590	Unclassified biologics	
J7318		https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
37318	Durolane	https://www.evicore.com/healthplan/bcbs
J7320	Hyaluronan or derivative, genvisc 850, for	eviCore - 1-855-252-1117 or
	intra-articular injection, 1 mg	https://www.evicore.com/healthplan/bcbs
J7321	Hyaluronan or derivative, hyalgan or	eviCore - 1-855-252-1117 or
	supartz, for intra-articular injection, per dose	https://www.evicore.com/healthplan/bcbs
J7322	24 MG/3ML SOSY J7322 Hyaluronan or	eviCore - 1-855-252-1117 or
	derivative, for intra-articular	https://www.evicore.com/healthplan/bcbs
17222	injection, 1 mg	puiCore 1 055 252 1117 or
J7323	Hyaluronan or derivative, euflexxa, for intra-	eviCore - 1-855-252-1117 or
17224	articular injection, per dose	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J7324	Hyaluronan or derivative, orthovisc, for intra- articular injection, per dose	https://www.evicore.com/healthplan/bcbs
J7325	Hyaluronan or derivative, synvisc or synvisc-	eviCore - 1-855-252-1117 or
37323	one, for intra-articular injection, 1 mg	https://www.evicore.com/healthplan/bcbs
	one, for mira articular injection, 1 mg	The party www.evicore.com/meantiplan/ beba
J7326	Hyaluronan or derivative, gel-one, for intra-	eviCore - 1-855-252-1117 or
	articular injection, per dose	https://www.evicore.com/healthplan/bcbs
J7327	Hyaluronan or derivative, monovisc, for intra-	eviCore - 1-855-252-1117 or
	articular injection, per dose	https://www.evicore.com/healthplan/bcbs
J7328	Hyaluronan or derivative, for intra- articular	eviCore - 1-855-252-1117 or
	injection, 0.1 mg	https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure code	inedical records request information required
Require Prior		
Authorization		
J7329		eviCore - 1-855-252-1117 or
	TriVisc	https://www.evicore.com/healthplan/bcbs
J7332	Hyaluronan or derivative, triluron, for intra-	eviCore - 1-855-252-1117 or
	articular injection, 1 mg	https://www.evicore.com/healthplan/bcbs
J7639	Dornase alfa, inhalation solution, fda-	eviCore - 1-855-252-1117 or
	approved final product, non-compounded,	https://www.evicore.com/healthplan/bcbs
	administered through dme, unit dose form,	
	per milligram	
J7682	Tobramycin, inhalation solution, fda-	eviCore - 1-855-252-1117 or
	approved final product, non-compounded,	https://www.evicore.com/healthplan/bcbs
	unit dose form, administered through dme,	
	per 300 milligrams	
J9000	Injection, doxorubicin hydrochloride, 10 mg	eviCore - 1-855-252-1117 or
19000	injection, doxordbicin nydrocinonde, 10 mg	https://www.evicore.com/healthplan/bcbs
J9015	Injection, aldesleukin, per single use vial	eviCore - 1-855-252-1117 or
35015	injection, aldesieakin, per single ase vial	https://www.evicore.com/healthplan/bcbs
J9017	Injection, arsenic trioXide, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9019	Injection, asparaginase (erwinaze), 1,000 iu	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9022	Injection, atezolizumab, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9023	Injection, avelumab, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9025	Injection, azacitidine, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9027	Injection, clofarabine, 1 mg	eviCore - 1-855-252-1117 or
10020	Nit avantana a 1101	https://www.evicore.com/healthplan/bcbs
J9030	Mitoxantrone HCL	eviCore - 1-855-252-1117 or
J9032	Injection, belinostat, 10 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
19032	injection, beimostat, 10 mg	https://www.evicore.com/healthplan/bcbs
J9033	Injection, bendamustine hcl, 1 mg	eviCore - 1-855-252-1117 or
35033	injection, sendamastine not, 1 mg	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
J9036	Bendamustine HCL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9039	Injection, blinatumomab, 1 microgram	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9040	Injection, bleomycin sulfate, 15 units	eviCore - 1-855-252-1117 or
100.44		https://www.evicore.com/healthplan/bcbs
J9041	Injection, bortezomib, 0.1 mg	eviCore - 1-855-252-1117 or
10042	Initiation breatuVined and the form	https://www.evicore.com/healthplan/bcbs
J9042	Injection, brentuXimab vedotin, 1 mg	eviCore - 1-855-252-1117 or
J9043	Injection, cabazitaXel, 1 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
13043	injection, cabazitakei, 1 mg	
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure code	inicultar records request information required
Require Prior		
-		
Authorization J9044	Bortezomib	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9045	Injection, carboplatin, 50 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9047	Injection, carfilzomib, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9050	Injection, carmustine, 100 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9055	Injection, cetuXimab, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9057	Copanlisib	eviCore - 1-855-252-1117 or
10050		https://www.evicore.com/healthplan/bcbs
J9060	Injection, cisplatin, powder or solution, 10 mg	
IDOCE	Inication alcohiles as a 1 ass	https://www.evicore.com/healthplan/bcbs
J9065	Injection, cladribine, per 1 mg	eviCore - 1-855-252-1117 or
J9070	Cyclophosphamide, 100 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
19070	Cyclophosphamide, 100 mg	https://www.evicore.com/healthplan/bcbs
J9098	Injection, cytarabine liposome, 10 mg	eviCore - 1-855-252-1117 or
35050	injection, cyturubine nposome, 10 mg	https://www.evicore.com/healthplan/bcbs
J9100	Injection, cytarabine, 100 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9118	Calaspargase pegol-mknl	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9119	Cemiplimab-rwlc	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9120	Injection, dactinomycin, 0.5 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9130	Dacarbazine, 100 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9145	Injection, daratumumab, 10 mg	eviCore - 1-855-252-1117 or
10150	Injustice demonstrate 10 mg	https://www.evicore.com/healthplan/bcbs
J9150	Injection, daunorubicin, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
J9153	Injection, liposomal, 1 mg daunorubicin and	eviCore - 1-855-252-1117 or
33133	2.27 mg cytarabine	https://www.evicore.com/healthplan/bcbs
J9155	Injection, degareliX, 1 mg	eviCore - 1-855-252-1117 or
	,,,,,	https://www.evicore.com/healthplan/bcbs
J9171	Injection, docetaXel, 1 mg	eviCore - 1-855-252-1117 or
	, ,	https://www.evicore.com/healthplan/bcbs
J9173	Durvalumab	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9175	Injection, 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

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	imedical Records Request Illiorniation Required
Require Prior		
Authorization		
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
J9199	Gemcitabine HCL in NaCL	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9200	Injection, floXuridine, 500 mg	eviCore - 1-855-252-1117 or
10204	luis etissa saaraitahina hadasahladida 200 ma	https://www.evicore.com/healthplan/bcbs
J9201	Injection, gemcitabine hydrochloride, 200 mg	eviCore - 1-855-252-1117 or
J9202	Goserelin acetate implant, per 3.6 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
19202	Gosereilli acetate illipiant, per 5.0 mg	https://www.evicore.com/healthplan/bcbs
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	eviCore - 1-855-252-1117 or
19203	injection, genituzumab ozogamicin, o.1 mg	https://www.evicore.com/healthplan/bcbs
J9204	Mogamulizumab-kpkc	eviCore - 1-855-252-1117 or
	The Samuel Manager	https://www.evicore.com/healthplan/bcbs
J9205	Injection, irinotecan liposome, 1 mg	eviCore - 1-855-252-1117 or
	, see a pass of	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
10214	Injection interferen alfa 2h recombinant 1	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J9214	Injection, interferon, alfa-2b, recombinant, 1	
J9216	million units Injection, interferon, gamma 1-b, 3 million	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
33210	units	https://www.evicore.com/healthplan/bcbs
J9217	Leuprolide acetate (for depot suspension),	eviCore - 1-855-252-1117 or
00227	7.5 mg	https://www.evicore.com/healthplan/bcbs
J9218	Leuprolide acetate, per 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9225	Histrelin implant (vantas), 50 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9226	Histrelin implant (supprelin la), 50 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9228	Injection, ipilimumab, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9230	Injection, mechlorethamine hydrochloride,	eviCore - 1-855-252-1117 or
	(nitrogen mustard), 10 mg	https://www.evicore.com/healthplan/bcbs
10245	Injection malphalan hudus shippida FC	oviCoro 1 055 353 1117 or
J9245	Injection, melphalan hydrochloride, 50 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Bescription of Frocedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
J9250	MethotreXate sodium, 5 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9260	Methotrexate Sodium (J9260: 50mg)	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9261	Injection, nelarabine, 50 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9262	Injection, omacetaXine mepesuccinate, 0.01	eviCore - 1-855-252-1117 or
10262	mg	https://www.evicore.com/healthplan/bcbs
J9263	Injection, oXaliplatin, 0.5 mg	eviCore - 1-855-252-1117 or
J9264	Injection, paclitaXel protein-bound particles,	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
33204	1 mg	https://www.evicore.com/healthplan/bcbs
J9266	Injection, pegaspargase, per single dose vial	eviCore - 1-855-252-1117 or
	James April 2000 April	https://www.evicore.com/healthplan/bcbs
J9267	Injection, paclitaXel, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9268	Injection, pentostatin, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9269	Tagraxofusp-erzs	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9271	Injection, pembrolizumab, 1 mg	eviCore - 1-855-252-1117 or
10200		https://www.evicore.com/healthplan/bcbs
J9280	Injection, mitomycin, 5 mg	eviCore - 1-855-252-1117 or
IUJOL	Injection planetumes 10 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
J9285	Injection, olaratumab, 10 mg	https://www.evicore.com/healthplan/bcbs
J9295	Injection, necitumumab, 1 mg	eviCore - 1-855-252-1117 or
33233	injection, necitamanas, 1 mg	https://www.evicore.com/healthplan/bcbs
J9299	Injection, nivolumab, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9301	Injection, obinutuzumab, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
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
10305	laistica acceptative Val. 40 acc	https://www.evicore.com/healthplan/bcbs
J9305	Injection, pemetreXed, 10 mg	eviCore - 1-855-252-1117 or
J9306	Injection, pertuzumab, 1 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
33300	injection, pertuzumas, 1 mg	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
J9309	Polatuzumab vedotin-piiq	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9311	Rituximab and Hyaluronidase Human	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9312	Rituxan	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
J9313	Moxetumomab pasudotox-tdfk	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9315	Injection, romidepsin, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9320	Injection, streptozocin, 1 gram	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9325	Injection, talimogene	eviCore - 1-855-252-1117 or
	laherparepvec, per 1 million plaque forming units	https://www.evicore.com/healthplan/bcbs
J9328	Injection, temozolomide, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9330	Injection, temsirolimus, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9340	Injection, thiotepa, 15 mg	eviCore - 1-855-252-1117 or
10254	1	https://www.evicore.com/healthplan/bcbs
J9351	Injection, topotecan, 0.1 mg	eviCore - 1-855-252-1117 or
10353	Injection trade at a dia 0.1 mag	https://www.evicore.com/healthplan/bcbs
J9352	Injection, trabectedin, 0.1 mg	eviCore - 1-855-252-1117 or
10254	Injection and tracturumah amtancina 1 mg	https://www.evicore.com/healthplan/bcbs
J9354	Injection, ado-trastuzumab emtansine, 1 mg	eviCore - 1-855-252-1117 or
J9355	Injection, trastuzumab, 10 mg	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
19333	injection, trastuzumab, 10 mg	https://www.evicore.com/healthplan/bcbs
J9356	Trastuzumab and hyaluronidase-oysk	eviCore - 1-855-252-1117 or
35550	Trustuzumus una nyalaromaase oysk	https://www.evicore.com/healthplan/bcbs
J9357	Injection, valrubicin, intravesical, 200 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9360	Injection, vinblastine sulfate, 1 mg	eviCore - 1-855-252-1117 or
	, ,	https://www.evicore.com/healthplan/bcbs
J9370	Vincristine sulfate, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9371	Injection, vincristine sulfate liposome, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9390	Injection, vinorelbine tartrate, 10 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9395	Injection, fulvestrant, 25 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9400	Injection, ziv-aflibercept, 1 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
J9600	Injection, porfimer sodium, 75 mg	eviCore - 1-855-252-1117 or
10000	Hardanifiad and alaki	https://www.evicore.com/healthplan/bcbs
J9999	Unclassified neoplastic	eviCore - 1-855-252-1117 or
K0004	High strongth lightweight who alshair	https://www.evicore.com/healthplan/bcbs
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated
KOOOE	Ultralightwoight whoolehair	length of use.
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated
K0006	Heavy-duty wheelchair	length of use. History and physical or clinical notes, including anticipated
NOOOO	Treavy-duty wheelchan	length of use.
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated
1,0007	Extra ficavy daty wifecienali	length of use.
		nengui oi use.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair.
K0108	Wheelchair component or accessory, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair.
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair.
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.
К0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Recent History and Physical, plan of care, and documentation of medical necessity
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
К0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical or clinical notes, including anticipated length of use.
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	History and physical or clinical notes, including anticipated length of use.

Procedure	Description of Procedure Code	Medical Records Request Information Required
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K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.
К0899	Power mobility device, not coded by DME PDAC or does not meet criteria	History and physical or clinical notes, including anticipated length of use.
L0456		Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0462	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior	Description of Procedure Code	Medical Records Request Information Required
Authorization		
L0464	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
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L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal	Letter of Medical Necessity including length of time
	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	equipment needed, functional status if applicable and description of medical condition.
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0700	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral-control, molded to patient model, with interface material. (Minerya type)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0810	Halo procedure, cervical halo incorporated into jacket vest	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that Require Prior	Description of Procedure Code	imedical necolus nequest illiorillation nequiled
Authorization L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1300	Other scoliosis procedure, body jacket molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1310	Other scoliosis procedure, postoperative body jacket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1710	Legg Perthes orthotic, (Newington type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
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Authorization		La CAA II IAA II
L1720	Legg Perthes orthotic, trilateral, (Tachdijan	Letter of Medical Necessity including length of time
	type), custom fabricated	equipment needed, functional status if applicable and description of medical condition.
L1730	Legg Perthes orthotic, (Scottish Rite type),	Letter of Medical Necessity including length of time
21730	custom fabricated	equipment needed, functional status if applicable and
		description of medical condition.
L1755	Legg Perthes orthotic, (Patten bottom type),	Letter of Medical Necessity including length of time
	custom fabricated	equipment needed, functional status if applicable and
		description of medical condition.
L1843	Knee orthosis, single upright, thigh and calf,	Letter of Medical Necessity including length of time
	with adjustable flexion and extension joint	equipment needed, functional status if applicable and
	(unicentric or polycentric), medial-lateral and	description of medical condition.
	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	
	by an individual with expertise	
L1844	Knee orthosis, single upright, thigh and calf,	Letter of Medical Necessity including length of time
	with adjustable flexion and extension joint	equipment needed, functional status if applicable and
	(unicentric or polycentric), medial-lateral and	description of medical condition.
	rotation control, with or without varus/valgus	
	adjustment, custom fabricated	
L1845	Knee orthosis, double upright, thigh and calf,	Letter of Medical Necessity including length of time
	with adjustable flexion and extension joint	equipment needed, functional status if applicable and
	(unicentric or polycentric), medial-lateral and	description of medical condition.
	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	
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH	Letter of Medical Necessity including length of time
	AND CALF, WITH ADJUSTABLE FLEXION AND	equipment needed, functional status if applicable and
	EXTENSION JOINT (UNICENTRIC OR	description of medical condition.
	POLYCENTRIC), MEDIAL-LATERAL AND	
	ROTATION CONTROL, WITH OR WITHOUT	
	VARUS/VALGUS ADJUSTMENT, CUSTOM	
L1932	Afo, rigid anterior tibial section, total carbon	Letter of Medical Necessity including length of time
	fiber or equal material, prefabricated,	equipment needed, functional status if applicable and
	includes fitting and adjustment	description of medical condition.
L1945	Ankle foot orthosis, plastic, rigid anterior	Letter of Medical Necessity including length of time
	tibial section (floor reaction), custom	equipment needed, functional status if applicable and
	fabricated	description of medical condition.
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of	Letter of Medical Necessity including length of time
	1 1 1	equipment needed, functional status if applicable and
	fabricated	description of medical condition.

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Procedure	Description of Procedure Code	Medical Records Request Information Required
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Authorization		
L2270	Addition to lower extremity, varus/valgus	Letter of Medical Necessity including length of time
	correction ('t') strap, padded/lined or	equipment needed, functional status if applicable and
	malleolus pad	description of medical condition.
L2330	Addition to lower extremity, lacer molded to	Letter of Medical Necessity including length of time
	patient model, for custom fabricated orthosis	equipment needed, functional status if applicable and
	only	description of medical condition.
L2340	Addition to lower extremity, pre-tibial shell,	Letter of Medical Necessity including length of time
	molded to patient model	equipment needed, functional status if applicable and
		description of medical condition.
L2350	Addition to lower extremity, prosthetic type,	Letter of Medical Necessity including length of time
	(bk) socket, molded to patient model, (used	equipment needed, functional status if applicable and
	for 'ptb' 'afo' orthoses)	description of medical condition.
L2360	Addition to lower extremity, extended steel	Letter of Medical Necessity including length of time
	shank	equipment needed, functional status if applicable and
12205	Addition to law or system with a straight lands	description of medical condition.
L2385	Addition to lower extremity, straight knee	Letter of Medical Necessity including length of time
	joint, heavy duty, each joint	equipment needed, functional status if applicable and
L2390	Addition to lower extremity, offset knee joint,	description of medical condition. Letter of Medical Necessity including length of time
12390	each joint	equipment needed, functional status if applicable and
	each joint	description of medical condition.
L2395	Addition to lower extremity, offset knee joint,	Letter of Medical Necessity including length of time
22333	heavy duty, each joint	equipment needed, functional status if applicable and
	neavy daty, each joint	description of medical condition.
L2397	Addition to lower extremity orthosis,	Letter of Medical Necessity including length of time
	suspension sleeve	equipment needed, functional status if applicable and
		description of medical condition.
L2405	Addition to knee joint, drop lock, each	Letter of Medical Necessity including length of time
		equipment needed, functional status if applicable and
		description of medical condition.
L2425	Addition to knee joint, disc or dial lock for	Letter of Medical Necessity including length of time
	adjustable knee flexion, each joint	equipment needed, functional status if applicable and
		description of medical condition.
L2624	Addition to lower extremity, pelvic control,	Letter of Medical Necessity including length of time
	hip joint, adjustable flexion, extension,	equipment needed, functional status if applicable and
	abduction control, each	description of medical condition.
L2628	Addition to lower extremity, pelvic control,	Letter of Medical Necessity including length of time
	metal frame, reciprocating hip joint and	equipment needed, functional status if applicable and
12650	cables	description of medical condition.
L2650	Addition to lower extremity, pelvic and	Letter of Medical Necessity including length of time
	thoracic control, gluteal pad, each	equipment needed, functional status if applicable and
L2755	Addition to lower extremity arthesis high	description of medical condition. Letter of Medical Necessity including length of time
LZ/33	Addition to lower extremity orthosis, high	
	strength, lightweight material, all hybrid	equipment needed, functional status if applicable and
	lamination/prepreg composite, per segment,	description of medical condition.
	for custom fabricated orthosis only	
L2768	Orthotic side bar disconnect device, per bar	Letter of Medical Necessity including length of time
	or choice side but disconnect device, per but	equipment needed, functional status if applicable and
		description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
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Require Prior		
Authorization		
L2780	Addition to lower extremity orthosis, non-	Letter of Medical Necessity including length of time
	corrosive finish, per bar	equipment needed, functional status if applicable and
		description of medical condition.
L2785	Addition to lower extremity orthosis, drop	Letter of Medical Necessity including length of time
	lock retainer, each	equipment needed, functional status if applicable and
		description of medical condition.
L2795	Addition to lower extremity orthosis, knee	Letter of Medical Necessity including length of time
	control, full kneecap	equipment needed, functional status if applicable and
		description of medical condition.
L2800	Addition to lower extremity orthosis, knee	Letter of Medical Necessity including length of time
	control, knee cap, medial or lateral pull, for	equipment needed, functional status if applicable and
	use with custom fabricated orthosis only	description of medical condition.
L2810	Addition to lower extremity orthosis, knee	Letter of Medical Necessity including length of time
	control, condylar pad	equipment needed, functional status if applicable and
		description of medical condition.
L2830	Addition to lower extremity orthosis, soft	Letter of Medical Necessity including length of time
	interface for molded plastic, above knee	equipment needed, functional status if applicable and
	section	description of medical condition.
L2840	Addition to lower extremity orthosis, tibial	Letter of Medical Necessity including length of time
	length sock, fracture or equal, each	equipment needed, functional status if applicable and
		description of medical condition.
L2861	Addition to lower extremity joint, knee or	Letter of Medical Necessity including length of time
	ankle, concentric adjustable torsion style	equipment needed, functional status if applicable and
	mechanism for custom fabricated orthotics only, each	description of medical condition.
L2999	Lower extremity orthoses, not otherwise	Letter of Medical Necessity including length of time
	specified	equipment needed, functional status if applicable and
		description of medical condition.
L3031	Foot, insert/plate, removable, addition to	Letter of Medical Necessity including length of time
	lower extremity orthosis, high strength,	equipment needed, functional status if applicable and
	lightweight material, all hybrid	description of medical condition.
	lamination/prepreg composite, each	
L3702	Elbow orthosis, without joints, may include	Letter of Medical Necessity including length of time
	soft interface, straps, custom fabricated,	equipment needed, functional status if applicable and
	includes fitting and adjustment	description of medical condition.
L3720	Elbow orthosis, double upright with	Letter of Medical Necessity including length of time
	forearm/arm cuffs, free motion, custom	equipment needed, functional status if applicable and
	fabricated	description of medical condition.
L3740	Elbow orthotic (EO), double upright with	Letter of Medical Necessity including length of time
	forearm/arm cuffs, adjustable position lock	equipment needed, functional status if applicable and
	with active control, custom fabricated	description of medical condition.
L3765	Elbow-wrist-hand-finger orthotic (EWHFO),	Letter of Medical Necessity including length of time
	rigid, without joints, may include soft	equipment needed, functional status if applicable and
	interface, straps, custom fabricated, includes	description of medical condition.
	fitting and adjustment	
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Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3962	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Bestingtion of Frocedure code	incultur records request morniation required
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Authorization		
L3971	Shoulder-elbow-wrist-hand orthotic	Letter of Medical Necessity including length of time
	(SEWHO), shoulder cap design, includes one	equipment needed, functional status if applicable and
	or more nontorsion joints, elastic bands,	description of medical condition.
	turnbuckles, may include soft interface,	'
	straps, custom fabricated, includes fitting and	
	adjustment	
L3973	Shoulder-elbow-wrist-hand orthotic	Letter of Medical Necessity including length of time
	(SEWHO), abduction positioning (airplane	equipment needed, functional status if applicable and
	design), thoracic component and support bar,	description of medical condition.
	includes one or more nontorsion joints,	
	elastic bands, turnbuckles, may include soft	
	interface, straps, custom fabricated, includes	
	fitting and adjustment	
L3975	Shoulder-elbow-wrist-hand-finger orthotic	Letter of Medical Necessity including length of time
	(SEWHO), shoulder cap design, without joints,	equipment needed, functional status if applicable and
	may include soft interface, straps, custom	description of medical condition.
	fabricated, includes fitting and adjustment	
L3976	Shoulder-elbow-wrist-hand-finger orthotic	Letter of Medical Necessity including length of time
	(SEWHO), abduction positioning (airplane	equipment needed, functional status if applicable and
		description of medical condition.
	without joints, may include soft interface,	
	straps, custom fabricated, includes fitting and	
	adjustment	
L3977	Shoulder-elbow-wrist-hand-finger orthotic	Letter of Medical Necessity including length of time
	(SEWHO), shoulder cap design, includes one	equipment needed, functional status if applicable and
	or more nontorsion joints, elastic bands,	description of medical condition.
	turnbuckles, may include soft interface,	
	straps, custom fabricated, includes fitting and	
	adjustment	
L3978	Shoulder-elbow-wrist-hand-finger orthotic	Letter of Medical Necessity including length of time
	(SEWHO), abduction positioning (airplane	equipment needed, functional status if applicable and
	design), thoracic component and support bar,	description of medical condition.
	includes one or more nontorsion joints,	
	elastic bands, turnbuckles, may include soft	
	interface, straps, custom fabricated, includes	
	fitting and adjustment	
L3995	Addition to upper extremity orthosis, sock,	Letter of Medical Necessity including length of time
	fracture or equal, each	equipment needed, functional status if applicable and
12000	LIDDED LIMB ODTHOGIS NOT STUTSHIPS	description of medical condition.
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE	Letter of Medical Necessity including length of time
	SPECIFIED	equipment needed, functional status if applicable and
14000	Donlogo girdle for enimal authority /	description of medical condition.
L4000	Replace girdle for spinal orthotic (cervical-	Letter of Medical Necessity including length of time
	thoracic-lumbar-sacral orthotic (CTLSO) or	equipment needed, functional status if applicable and
l .	spinal orthotic SO	description of medical condition.

Procedure Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization L4002	Replacement strap, any orthosis, includes all	Letter of Medical Necessity including length of time
21002	components, any length, any type	equipment needed, functional status if applicable and
L4205	Repair of orthotic device, labor component,	description of medical condition. Letter of Medical Necessity including length of time
	per 15 minutes	equipment needed, functional status if applicable and description of medical condition.
L4396	Static or dynamic ankle foot orthosis,	Letter of Medical Necessity including length of time
	including soft interface material, adjustable	equipment needed, functional status if applicable and
	for fit, for positioning, may be used for	description of medical condition.
	minimal ambulation, prefabricated item that	
	has been trimmed, bent, molded, assembled,	
	or otherwise customized to fit a specific	
	patient by an individual with expertise	
L4631	Ankle foot orthosis, walking boot type,	Letter of Medical Necessity including length of time
14031	varus/valgus correction, rocker bottom,	equipment needed, functional status if applicable and
	anterior tibial shell, soft interface, custom	description of medical condition.
	arch support, plastic or other material,	acscription of medical condition.
	includes straps and closures, custom	
	fabricated	
L5010	Partial foot, molded socket, ankle height,	Letter of Medical Necessity including length of time
	with toe filler	equipment needed, functional status if applicable and
15020		description of medical condition.
L5020	Partial foot, molded socket, tibial tubercle	Letter of Medical Necessity including length of time
	height, with toe filler	equipment needed, functional status if applicable and
L5050	Ankle, Symes, molded socket, SACH foot	description of medical condition. Letter of Medical Necessity including length of time
23030	runic, symes, moided socker, sherriode	equipment needed, functional status if applicable and
		description of medical condition.
L5060	Ankle, Symes, metal frame, molded leather	Letter of Medical Necessity including length of time
	socket, articulated ankle/foot	equipment needed, functional status if applicable and
		description of medical condition.
L5100	Below knee, molded socket, shin, sach foot	Letter of Medical Necessity including length of time
		equipment needed, functional status if applicable and
15405	Dalam linear interests and the design and the de-	description of medical condition.
L5105	Below knee, plastic socket, joints and thigh	Letter of Medical Necessity including length of time
	lacer, sach foot	equipment needed, functional status if applicable and description of medical condition.
L5150	Knee disarticulation (or through knee),	Letter of Medical Necessity including length of time
	molded socket, external knee joints, shin,	equipment needed, functional status if applicable and
	sach foot	description of medical condition.
L5160	Knee disarticulation (or through knee),	Letter of Medical Necessity including length of time
	molded socket, bent knee configuration,	equipment needed, functional status if applicable and
	external knee joints, shin, sach foot	description of medical condition.
L5200	Above knee, molded socket, single axis	Letter of Medical Necessity including length of time
	constant friction knee, shin, sach foot	equipment needed, functional status if applicable and
15210	Above knee, short prosthesis, no knee joint	description of medical condition. Letter of Medical Necessity including length of time
L5210	(stubbies), with foot blocks, no ankle joints,	equipment needed, functional status if applicable and
		description of medical condition.
	leach	ruescription of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Wedical Records Request Information Required
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L5220	Above knee, short prosthesis, no knee joint	Letter of Medical Necessity including length of time
-5-1-5	(stubbies), with articulated ankle/foot,	equipment needed, functional status if applicable and
	dynamically aligned, each	description of medical condition.
L5230	Above knee, for proximal femoral focal	Letter of Medical Necessity including length of time
L3230	deficiency, constant friction knee, shin, sach	equipment needed, functional status if applicable and
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L5250	foot Hip disarticulation, canadian type; molded	description of medical condition.
L3230	1 .	Letter of Medical Necessity including length of time
	socket, hip joint, single axis constant friction	equipment needed, functional status if applicable and
L5270	knee, shin, sach foot	description of medical condition.
L5270	Hip disarticulation, tilt table type; molded	Letter of Medical Necessity including length of time
	socket, locking hip joint, single axis constant	equipment needed, functional status if applicable and
	friction knee, shin, sach foot	description of medical condition.
L5280	Hemipelvectomy, canadian type; molded	Letter of Medical Necessity including length of time
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	socket, hip joint, single axis constant friction	equipment needed, functional status if applicable and
L5301	knee, shin, sach foot Below knee, molded socket, shin, sach foot,	description of medical condition.
L5501		Letter of Medical Necessity including length of time
	endoskeletal system	equipment needed, functional status if applicable and
15242	(Kanandian dation (and bosonia boson)	description of medical condition.
L5312	Knee disarticulation (or through knee),	Letter of Medical Necessity including length of time
	molded socket, single axis knee, pylon, sach	equipment needed, functional status if applicable and
15224	foot. endoskeletal system	description of medical condition.
L5321	Above knee, molded socket, open end, sach	Letter of Medical Necessity including length of time
	foot, endoskeletal system, single axis knee	equipment needed, functional status if applicable and
15224		description of medical condition.
L5331	Hip disarticulation, canadian type, molded	Letter of Medical Necessity including length of time
	socket, endoskeletal system, hip joint, single	equipment needed, functional status if applicable and
	axis knee. sach foot	description of medical condition.
L5341	Hemipelvectomy, canadian type, molded	Letter of Medical Necessity including length of time
	socket, endoskeletal system, hip joint, single	equipment needed, functional status if applicable and
	axis knee, sach foot	description of medical condition.
L5400	Immediate postsurgical or early fitting,	Letter of Medical Necessity including length of time
	application of initial rigid dressing, including	equipment needed, functional status if applicable and
	fitting, alignment, suspension, and one cast	description of medical condition.
15406	change, below knee	
L5420	Immediate postsurgical or early fitting,	Letter of Medical Necessity including length of time
	application of initial rigid dressing, including	equipment needed, functional status if applicable and
	fitting, alignment and suspension and one	description of medical condition.
	cast change AK or knee disarticulation	
15500	Initial haloutkood bath turas as shat in an	Letter of Medical Negocaity in all discussions for a faire
L5500	Initial, below knee 'ptb' type socket, non-	Letter of Medical Necessity including length of time
	alignable system, pylon, no cover, sach foot,	equipment needed, functional status if applicable and
LEEGE	plaster socket, direct formed	description of medical condition.
L5505	Initial, above knee, knee disarticulation,	Letter of Medical Necessity including length of time
	ischial level socket, nonalignable system,	equipment needed, functional status if applicable and
	pylon, no cover, SACH foot, plaster socket,	description of medical condition.
. =	direct formed	
L5510	Preparatory, below knee PTB type socket,	Letter of Medical Necessity including length of time
	nonalignable system, pylon, no cover, SACH	equipment needed, functional status if applicable and
	foot, plaster socket, molded to model	description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request information Required
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Authorization		
L5520	Preparatory, below knee PTB type socket,	Letter of Medical Necessity including length of time
	nonalignable system, pylon, no cover, SACH	equipment needed, functional status if applicable and
	foot, thermoplastic or equal, direct formed	description of medical condition.
L5530	Preparatory, below knee 'ptb' type socket,	Letter of Medical Necessity including length of time
	non-alignable system, pylon, no cover, sach	equipment needed, functional status if applicable and
	foot, thermoplastic or equal, molded to	description of medical condition.
L5535	model Preparatory, below knee PTB type socket,	Letter of Medical Necessity including length of time
L3333	nonalignable system, no cover, SACH foot,	equipment needed, functional status if applicable and
	prefabricated, adjustable open end socket	description of medical condition.
L5540	Preparatory, below knee 'ptb' type socket,	Letter of Medical Necessity including length of time
	non-alignable system, pylon, no cover, sach	equipment needed, functional status if applicable and
	foot, laminated socket, molded to model	description of medical condition.
L5560	Preparatory, above knee, knee	Letter of Medical Necessity including length of time
	disarticulation, ischial level socket,	equipment needed, functional status if applicable and
	nonalignable system, pylon, no cover, SACH	description of medical condition.
	foot, plaster socket, molded to model	
L5570	Preparatory, above knee - knee	Letter of Medical Necessity including length of time
	disarticulation, ischial level socket,	equipment needed, functional status if applicable and
	nonalignable system, pylon, no cover, SACH	description of medical condition.
	foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee - knee	Letter of Medical Necessity including length of time
	disarticulation ischial level socket, non-	equipment needed, functional status if applicable and
	alignable system, pylon, no cover, sach foot,	description of medical condition.
	thermoplastic or equal, molded to model	
L5585	Preparatory, above knee - knee	Letter of Medical Necessity including length of time
	disarticulation, ischial level socket,	equipment needed, functional status if applicable and
	nonalignable system, pylon, no cover, SACH	description of medical condition.
	foot, prefabricated adjustable open end	
L5590	Preparatory, above knee - knee	Letter of Medical Necessity including length of time
	disarticulation ischial level socket, non-	equipment needed, functional status if applicable and
	alignable system, pylon no cover, sach foot,	description of medical condition.
LEEGE	laminated socket, molded to model	Letter of Medical Negocity including length of time
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and
	cover, SACH foot, thermoplastic or equal,	description of medical condition.
	molded to patient model	accomption of medical condition.
L5600	Preparatory, hip disarticulation-	Letter of Medical Necessity including length of time
	hemipelvectomy, pylon, no cover, sach foot,	equipment needed, functional status if applicable and
	laminated socket, molded to patient model	description of medical condition.
L5610	Addition to lower extremity, endoskeletal	Letter of Medical Necessity including length of time
	system, above knee, hydracadence system	equipment needed, functional status if applicable and
		description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
L5611	Addition to lower extremity, endoskeletal	Letter of Medical Necessity including length of time
	system, above knee - knee disarticulation, 4	equipment needed, functional status if applicable and
	bar linkage, with friction swing phase control	description of medical condition.
	37	'
L5613	Addition to lower extremity, endoskeletal	Letter of Medical Necessity including length of time
	system, above knee, knee disarticulation, 4-	equipment needed, functional status if applicable and
	bar linkage, with hydraulic swing phase	description of medical condition.
	control	
L5614	Addition to lower extremity, exoskeletal	Letter of Medical Necessity including length of time
	system, above knee-knee disarticulation, 4	equipment needed, functional status if applicable and
	bar linkage, with pneumatic swing phase control	description of medical condition.
L5616	Addition to lower extremity, endoskeletal	Letter of Medical Necessity including length of time
	system, above knee, universal multiplex	equipment needed, functional status if applicable and
	system, friction swing phase control	description of medical condition.
L5643	Addition to lower extremity, hip	Letter of Medical Necessity including length of time
L3043	disarticulation, flexible inner socket, external	equipment needed, functional status if applicable and
		description of medical condition.
L5645	frame Addition to lower extremity, below knee,	Letter of Medical Necessity including length of time
25045	flexible inner socket, external frame	equipment needed, functional status if applicable and
	nexible little socket, external frame	description of medical condition.
L5647	Addition to lower extremity, below knee	Letter of Medical Necessity including length of time
	suction socket	equipment needed, functional status if applicable and
		description of medical condition.
L5649	Addition to lower extremity, ischial	Letter of Medical Necessity including length of time
	containment/narrow m-l socket	equipment needed, functional status if applicable and
		description of medical condition.
L5651	Addition to lower extremity, above knee,	Letter of Medical Necessity including length of time
	flexible inner socket, external frame	equipment needed, functional status if applicable and
		description of medical condition.
L5700	Replacement, socket, below knee, molded to	Letter of Medical Necessity including length of time
	patient model	equipment needed, functional status if applicable and
15704	Davida carrent societ about lines /lines	description of medical condition.
L5701	Replacement, socket, above knee/knee	Letter of Medical Necessity including length of time
	disarticulation, including attachment plate,	equipment needed, functional status if applicable and
L5702	molded to patient model Replacement, socket, hip disarticulation,	description of medical condition. Letter of Medical Necessity including length of time
13702	including hip joint, molded to patient model	equipment needed, functional status if applicable and
	merading inp joint, molded to patient model	description of medical condition.
L5703	Ankle, Symes, molded to patient model,	Letter of Medical Necessity including length of time
	socket without solid ankle cushion heel	equipment needed, functional status if applicable and
	(SACH) foot, replacement only	description of medical condition.
L5707	Custom shaped protective cover, hip	Letter of Medical Necessity including length of time
	disarticulation	equipment needed, functional status if applicable and
		description of medical condition.
L5780	Addition, exoskeletal knee-shin system, single	Letter of Medical Necessity including length of time
	axis, pneumatic/hydra pneumatic swing	equipment needed, functional status if applicable and
	phase control	description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Jessen parent of a rescause code	The distance of the second sec
Require Prior		
Authorization		
L5781	Addition to lower limb prosthesis, vacuum	Letter of Medical Necessity including length of time
	pump, residual limb volume management	equipment needed, functional status if applicable and
	and moisture evacuation system	description of medical condition.
L5782	Addition to lower limb prosthesis, vacuum	Letter of Medical Necessity including length of time
	pump, residual limb volume management	equipment needed, functional status if applicable and
	and moisture evacuation system, heavy duty	description of medical condition.
L5814	Addition, endoskeletal knee-shin system,	Letter of Medical Necessity including length of time
	polycentric, hydraulic swing phase control,	equipment needed, functional status if applicable and
15026	mechanical stance phase lock	description of medical condition.
L5826	Addition, endoskeletal knee-shin system,	Letter of Medical Necessity including length of time
	single axis, hydraulic swing phase control,	equipment needed, functional status if applicable and
	with miniature high activity frame	description of medical condition.
L5828	Addition, endoskeletal knee-shin system,	Letter of Medical Necessity including length of time
	single axis, fluid swing and stance phase	equipment needed, functional status if applicable and
	control	description of medical condition.
L5830	Addition, endoskeletal knee-shin system,	Letter of Medical Necessity including length of time
	single axis, pneumatic/swing phase control	equipment needed, functional status if applicable and
15040	Addition and advalated by a delice system.	description of medical condition.
L5840	Addition, endoskeletal knee/shin system, 4-	Letter of Medical Necessity including length of time
	bar linkage or multiaxial, pneumatic swing phase control	equipment needed, functional status if applicable and description of medical condition.
L5845	Addition, endoskeletal, knee-shin system,	Letter of Medical Necessity including length of time
230.13	stance flexion feature, adjustable	equipment needed, functional status if applicable and
	otanica nomen reatare, aujustusie	description of medical condition.
L5856	ADDITION TO LOWER EXTREMITY	Letter of Medical Necessity including length of time
	PROSTHESIS, ENDOSKELETAL KNEE-SHIN	equipment needed, functional status if applicable and
	SYSTEM, MICROPROCESSOR CONTROL	description of medical condition.
	FEATURE, SWING AND STANCE PHASE,	
	INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	
L5857	Addition to lower extremity prosthesis,	Letter of Medical Necessity including length of time
	endoskeletal knee-shin system,	equipment needed, functional status if applicable and
	microprocessor control feature, swing phase	description of medical condition.
	only, includes electronic sensor(s), any type	
L5858	Addition to lower extremity prosthesis,	Letter of Medical Necessity including length of time
	endoskeletal knee shin system,	equipment needed, functional status if applicable and
	microprocessor control feature, stance phase	description of medical condition.
	only, includes electronic sensor(s), any type	
L5859	Addition to lower extremity prosthesis,	Letter of Medical Necessity including length of time
	endoskeletal knee-shin system, powered and	equipment needed, functional status if applicable and
	programmable flexion/extension assist	description of medical condition.
	control, includes any type motor(s)	
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Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Contract of the contract of	incured Reserves in Squares in Straight Requires
Require Prior		
Authorization		
L5880	Preparatory, above knee - knee	Letter of Medical Necessity including length of time
	disarticulation ischial level socket, non-	equipment needed, functional status if applicable and
	alignable system, pylon, no cover, sach foot,	description of medical condition.
	thermoplastic or equal, molded to model	accompany of medical conditions
	thermoplastic of equal, molaca to model	
L5910	Addition, endoskeletal system, below knee,	Letter of Medical Necessity including length of time
	alignable system	equipment needed, functional status if applicable and
		description of medical condition.
L5920	Addition, endoskeletal system, above knee or	Letter of Medical Necessity including length of time
	hip disarticulation, alignable system	equipment needed, functional status if applicable and
		description of medical condition.
L5930	Addition, endoskeletal system, high activity	Letter of Medical Necessity including length of time
	knee control frame	equipment needed, functional status if applicable and
		description of medical condition.
L5940	Addition, endoskeletal system, below knee,	Letter of Medical Necessity including length of time
	ultra-light material (titanium, carbon fiber or	equipment needed, functional status if applicable and
	equal)	description of medical condition.
L5950	Addition, endoskeletal system, above knee,	Letter of Medical Necessity including length of time
	ultra-light material (titanium, carbon fiber or	equipment needed, functional status if applicable and
	egual	description of medical condition.
L5960	Addition, endoskeletal system, hip	Letter of Medical Necessity including length of time
	disarticulation, ultra-light material (titanium,	equipment needed, functional status if applicable and
	carbon fiber or equal)	description of medical condition.
L5961	Addition, endoskeletal system, polycentric	Letter of Medical Necessity including length of time
	hip joint, pneumatic or hydraulic control,	equipment needed, functional status if applicable and
	rotation control, with or without flexion	description of medical condition.
	and/or extension control	
L5962	Addition, endoskeletal system, below knee,	Letter of Medical Necessity including length of time
	flexible protective outer surface covering	equipment needed, functional status if applicable and
	svstem	description of medical condition.
L5964	Addition, endoskeletal system, above knee,	Letter of Medical Necessity including length of time
	flexible protective outer surface covering	equipment needed, functional status if applicable and
	system	description of medical condition.
L5968	Addition to lower limb prosthesis, multiaxial	Letter of Medical Necessity including length of time
	ankle with swing phase active dorsiflexion	equipment needed, functional status if applicable and
	feature	description of medical condition.
L5973	Endoskeletal ankle foot system,	Letter of Medical Necessity including length of time
	microprocessor controlled feature,	equipment needed, functional status if applicable and
	dorsiflexion and/or plantar flexion control,	description of medical condition.
	includes power source	
L5979	All lower extremity prosthesis, multi-axial	Letter of Medical Necessity including length of time
	ankle, dynamic response foot, one piece	equipment needed, functional status if applicable and
	svstem	description of medical condition.
L5980	All lower extremity prostheses, flex foot	Letter of Medical Necessity including length of time
	system	equipment needed, functional status if applicable and
		description of medical condition.
L5981	All lower extremity prostheses, flex-walk	Letter of Medical Necessity including length of time
	system or equal	equipment needed, functional status if applicable and
		description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure code	Interior Regular Request morniation Required
Require Prior		
Authorization		
L5987	All Lower Extremity Prosthesis, Shank Foot	Letter of Medical Necessity including length of time
	System With Vertical Loading Pylon	equipment needed, functional status if applicable and
		description of medical condition.
L5988	Addition to lower limb prosthesis, vertical	Letter of Medical Necessity including length of time
	shock reducing pylon feature	equipment needed, functional status if applicable and
	<u> </u>	description of medical condition.
L5990	Addition to lower extremity prosthesis, user	Letter of Medical Necessity including length of time
	adjustable heel height	equipment needed, functional status if applicable and
L5999	Lower outromity procthesis, not otherwise	description of medical condition. Letter of Medical Necessity including length of time
L5999	Lower extremity prosthesis, not otherwise	·
	specified	equipment needed, functional status if applicable and description of medical condition.
L6000	Partial hand, thumb remaining	Letter of Medical Necessity including length of time
20000	r artial flatid, triumb remaining	equipment needed, functional status if applicable and
		description of medical condition.
L6010	Partial hand, little and/or ring finger	Letter of Medical Necessity including length of time
	remaining	equipment needed, functional status if applicable and
		description of medical condition.
L6020	Partial hand, no finger remaining	Letter of Medical Necessity including length of time
		equipment needed, functional status if applicable and
		description of medical condition.
L6029	Transcarpal/metacarpal or partial hand	Letter of Medical Necessity including length of time
	disarticulation prosthesis, external power,	equipment needed, functional status if applicable and
	self-suspended, inner socket with removable	description of medical condition.
	forearm section, electrodes and cables, two	
	batteries, charger, myoelectric control of	
	terminal device, excludes terminal device(s)	
L6050	Wrist disarticulation, molded socket, flexible	Letter of Medical Necessity including length of time
	elbow hinges, triceps pad	equipment needed, functional status if applicable and
		description of medical condition.
L6055	Wrist disarticulation, molded socket with	Letter of Medical Necessity including length of time
	expandable interface, flexible elbow hinges,	equipment needed, functional status if applicable and
	triceps pad	description of medical condition.
L6100	Below elbow, molded socket, flexible elbow	Letter of Medical Necessity including length of time
	hinge, triceps pad	equipment needed, functional status if applicable and
1.6110		description of medical condition.
L6110	Below elbow, molded socket, (muenster or	Letter of Medical Necessity including length of time
	northwestern suspension types)	equipment needed, functional status if applicable and
L6120	Below elbow, molded double wall split	description of medical condition. Letter of Medical Necessity including length of time
10120	socket, step-up hinges, half cuff	equipment needed, functional status if applicable and
	130cket, step-up minges, man cum	description of medical condition.
L6130	Below elbow, molded double wall split	Letter of Medical Necessity including length of time
	socket, stump activated locking hinge, half	equipment needed, functional status if applicable and
	cuff	description of medical condition.
L6200	Elbow disarticulation, molded socket, outside	Letter of Medical Necessity including length of time
	locking hinge, forearm	equipment needed, functional status if applicable and
		description of medical condition.

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Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure code	incultur Records Request Information Required
Require Prior		
Authorization		
L6550	Shoulder disarticulation, molded socket,	Letter of Medical Necessity including length of time
		equipment needed, functional status if applicable and
	tissue shaping	description of medical condition.
L6570	Interscapular thoracic, molded socket,	Letter of Medical Necessity including length of time
	endoskeletal system, including soft prosthetic	equipment needed, functional status if applicable and
1.6500	tissue shaping	description of medical condition.
L6580	Preparatory, wrist disarticulation or below	Letter of Medical Necessity including length of time
	elbow, single wall plastic socket, friction	equipment needed, functional status if applicable and
	wrist, flexible elbow hinges, figure of eight	description of medical condition.
	harness, humeral cuff, Bowden cable control,	
	USMC or equal pylon, no cover, molded to	
L6582	Preparatory, wrist disarticulation or below	Letter of Medical Necessity including length of time
	elbow, single wall socket, friction wrist,	equipment needed, functional status if applicable and
	flexible elbow hinges, figure of eight harness,	description of medical condition.
	humeral cuff, Bowden cable control, USMC or	a contract of the contract of
	equal pylon, no cover, direct formed	
	equal pyton, no cover, uncer formed	
L6584	Preparatory, elbow disarticulation or above	Letter of Medical Necessity including length of time
	elbow, single wall plastic socket, friction	equipment needed, functional status if applicable and
	wrist, locking elbow, figure of eight harness,	description of medical condition.
	fair lead cable control, USMC or equal pylon,	
	no cover, molded to patient model	
L6586	Preparatory, elbow disarticulation or above	Letter of Medical Necessity including length of time
20300	elbow, single wall socket, friction wrist,	equipment needed, functional status if applicable and
	locking elbow, figure of eight harness, fair	description of medical condition.
	lead cable control, USMC or equal pylon, no	description of medical condition.
	cover direct formed	
L6588	Preparatory, shoulder disarticulation or	Letter of Medical Necessity including length of time
	interscapular thoracic, single wall plastic	equipment needed, functional status if applicable and
	socket, shoulder joint, locking elbow, friction	description of medical condition.
	wrist, chest strap, fair lead cable control,	
	usmc or equal pylon, no cover, molded to	
	natient model	
L6590	Preparatory, shoulder disarticulation or	Letter of Medical Necessity including length of time
	interscapular thoracic, single wall socket,	equipment needed, functional status if applicable and
	shoulder joint, locking elbow, friction wrist,	description of medical condition.
	chest strap, fair lead cable control, USMC or	
	equal pylon, no cover, direct formed	
L6624	Upper extremity addition, flexion/extension	Letter of Medical Necessity including length of time
-	and rotation wrist unit	equipment needed, functional status if applicable and
		description of medical condition.
L6638	Upper extremity addition to prosthesis,	Letter of Medical Necessity including length of time
	electric locking feature, only for use with	equipment needed, functional status if applicable and
	manually powered elbow	description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	imedical Records Request Information Required
Require Prior		
Authorization		
L6646	Upper extremity addition, shoulder joint,	Letter of Medical Necessity including length of time
	multipositional locking, flexion, adjustable	equipment needed, functional status if applicable and
	abduction friction control, for use with body	description of medical condition.
	powered or external powered system	description of medical contains.
	powered or external powered system	
L6648	Upper extremity addition, shoulder lock	Letter of Medical Necessity including length of time
	mechanism, external powered actuator	equipment needed, functional status if applicable and
		description of medical condition.
L6693	Upper extremity addition, locking elbow,	Letter of Medical Necessity including length of time
	forearm counterbalance	equipment needed, functional status if applicable and
		description of medical condition.
L6696	Addition to upper extremity prosthesis,	Letter of Medical Necessity including length of time
	below elbow/above elbow, custom fabricated	equipment needed, functional status if applicable and
	socket insert for congenital or atypical	description of medical condition.
	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)	
	· ·	
L6697	Addition to upper extremity prosthesis,	Letter of Medical Necessity including length of time
		equipment needed, functional status if applicable and
	socket insert for other than congenital or	description of medical condition.
	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)	
L6707	Terminal device, hook, mechanical, voluntary	Letter of Medical Necessity including length of time
20707	closing, any material, any size, lined or	equipment needed, functional status if applicable and
	unlined	description of medical condition.
L6709	Terminal device, hand, mechanical, voluntary	Letter of Medical Necessity including length of time
20703	closing, any material, any size	equipment needed, functional status if applicable and
	orosing, any material, any size	description of medical condition.
L6712	Terminal device, hook, mechanical, voluntary	Letter of Medical Necessity including length of time
	closing, any material, any size, lined or	equipment needed, functional status if applicable and
	unlined, pediatric	description of medical condition.
L6713	Terminal device, hand, mechanical, voluntary	Letter of Medical Necessity including length of time
	opening, any material, any size, pediatric	equipment needed, functional status if applicable and
		description of medical condition.
L6714	Terminal device, hand, mechanical, voluntary	Letter of Medical Necessity including length of time
	closing, any material, any size, pediatric	equipment needed, functional status if applicable and
		description of medical condition.
L6715	Terminal device, multiple articulating digit,	Letter of Medical Necessity including length of time
	includes motor(s), initial issue or replacement	equipment needed, functional status if applicable and
		description of medical condition.
L6721	Terminal device, hook or hand, heavy duty,	Letter of Medical Necessity including length of time
	mechanical, voluntary opening, any material,	equipment needed, functional status if applicable and
	any size, lined or unlined	description of medical condition.
L6722	Terminal device, hook or hand, heavy-duty,	Letter of Medical Necessity including length of time
	mechanical, voluntary closing, any material,	equipment needed, functional status if applicable and
	any size, lined or unlined	description of medical condition.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that		
Require Prior		
Authorization		
L6880	Electric hand, switch or myoelectric	Letter of Medical Necessity including length of time
	controlled, independently articulating digits,	equipment needed, functional status if applicable and
	any grasp pattern or combination of grasp	description of medical condition.
	patterns. includes motor(s)	
L6881	Automatic grasp feature, addition to upper	Letter of Medical Necessity including length of time
	limb electric prosthetic terminal device	equipment needed, functional status if applicable and
1.6003	A 6: 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	description of medical condition.
L6882	Microprocessor control feature, addition to	Letter of Medical Necessity including length of time
	upper limb prosthetic terminal device	equipment needed, functional status if applicable and
L6883	Panlacement socket, halow albow/wrist	description of medical condition.
L0883	Replacement socket, below elbow/wrist	Letter of Medical Necessity including length of time
	disarticulation, molded to patient model, for	equipment needed, functional status if applicable and
	use with or without external power	description of medical condition.
L6884	Replacement socket, above elbow/elbow	Letter of Medical Necessity including length of time
1000 !	disarticulation, molded to patient model, for	equipment needed, functional status if applicable and
	use with or without external power	description of medical condition.
	use with or without external power	accompanion of medical containon.
L6885	Replacement socket, shoulder	Letter of Medical Necessity including length of time
	disarticulation/interscapular thoracic, molded	equipment needed, functional status if applicable and
	to patient model, for use with or without	description of medical condition.
	external power	
L6900	Hand restoration (casts, shading and	Letter of Medical Necessity including length of time
	measurements included), partial hand, with	equipment needed, functional status if applicable and
	glove, thumb or one finger remaining	description of medical condition.
L6905	Hand restoration (casts, shading and	Letter of Medical Necessity including length of time
10903	measurements included), partial hand, with	equipment needed, functional status if applicable and
	glove, multiple fingers remaining	description of medical condition.
L6910	Hand restoration (casts, shading and	Letter of Medical Necessity including length of time
	measurements included), partial hand, with	equipment needed, functional status if applicable and
	glove, no fingers remaining	description of medical condition.
L6920	Wrist disarticulation, external power, self-	Letter of Medical Necessity including length of time
	suspended inner socket, removable forearm	equipment needed, functional status if applicable and
	shell, otto bock or equal, switch, cables, two	description of medical condition.
	batteries and one charger, switch control of	
	terminal device	
1.6025	White discussion leads to the Market	Lake of Marking Marchaelte, in 1997, 1997, 1997, 1997
L6925	Wrist disarticulation, external power, self-	Letter of Medical Necessity including length of time
	suspended inner socket, removable forearm	equipment needed, functional status if applicable and
	shell, otto bock or equal electrodes, cables,	description of medical condition.
	two batteries and one charger, myoelectronic	
	control of terminal device	
L6930	Below elbow, external power, self-suspended	Letter of Medical Necessity including length of time
	inner socket, removable forearm shell, Otto	equipment needed, functional status if applicable and
	Bock or equal switch, cables, 2 batteries and	description of medical condition.
	one charger, switch control of terminal device	· ·
	device	

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
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	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

Procedure Codes that Require Prior Authorization L6975	Interscapular-thoracic, external power,	Medical Records Request Information Required
Authorization		
16975		to a car is last to the total con-
	Imaldad innar cackat ramayahla chauldar	Letter of Medical Necessity including length of time
	molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section,	equipment needed, functional status if applicable and description of medical condition.
	mechanical elbow, forearm, otto bock or	description of medical condition.
	equal electrodes, cables, two batteries and	
	one charger, myoelectronic control of	
	torminal device	
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC	History and physical, letter of medical necessity and
	CONTROLLED, ADULT	functional status eval from physiatrist or physical therapist.
L7008	Electric hand, switch or myoelectric,	History and physical, letter of medical necessity and
	controlled, pediatric	functional status eval from physiatrist or physical therapist.
L7009	Electric hook, switch or myoelectric	History and physical, letter of medical necessity and
	controlled, adult	functional status eval from physiatrist or physical therapist.
L7040	Prehensile actuator, switch controlled	History and physical, letter of medical necessity and
		functional status eval from physiatrist or physical therapist.
L7045	Electric hook, switch or myoelectric	History and physical, letter of medical necessity and
	controlled, pediatric	functional status eval from physiatrist or physical therapist.
L7170	Electronic elbow, hosmer or equal, switch	History and physical, letter of medical necessity and
	controlled	functional status eval from physiatrist or physical therapist.
L7180	Electronic elbow, microprocessor sequential	History and physical, letter of medical necessity and
	control of elbow and terminal device	functional status eval from physiatrist or physical therapist.
L7181	Electronic elbow, microprocessor	History and physical, letter of medical necessity and
	simultaneous control of elbow and terminal device	functional status eval from physiatrist or physical therapist.
L7185	Electronic elbow, adolescent, variety village	History and physical, letter of medical necessity and
	or equal, switch controlled	functional status eval from physiatrist or physical therapist.
L7186	Electronic elbow, child, variety village or	History and physical, letter of medical necessity and
	equal, switch controlled	functional status eval from physiatrist or physical therapist.
L7190	Electronic elbow, adolescent, variety village	History and physical, letter of medical necessity and
	or equal, myoelectronically controlled	functional status eval from physiatrist or physical therapist.
L7191	Electronic elbow, child, variety village or	History and physical, letter of medical necessity and
	equal, myoelectronically controlled	functional status eval from physiatrist or physical therapist.
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and
		functional status eval from physiatrist or physical therapist.
L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and
		functional status eval from physiatrist or physical therapist.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	imedical records request information required
Require Prior Authorization		
L8041	Midfacial prosthesis, provided by a	History and physical, letter of medical necessity and
	nonphysician	functional status eval from physiatrist or physical therapist.
	line in priny sicioni	Tanonian status evan nom priysiatiist or priysiaal therapisti
L8042	Orbital prosthesis, provided by a non-	Letter of medical necessity, including condition being
	physician	treated.
L8043	Upper facial prosthesis, provided by a non-	Letter of medical necessity, including condition being
	physician	treated.
L8044	Hemi-facial prosthesis, provided by a non-	Letter of medical necessity, including condition being
	physician	treated.
L8045	Auricular prosthesis, provided by a non-	Letter of medical necessity, including condition being
	physician	treated.
L8046	Partial facial prosthesis, provided by a	Letter of medical necessity, including condition being
	nonphysician	treated.
L8047	Nasal septal prosthesis, provided by a	Letter of medical necessity, including condition being
	nonphysician	treated.
L8609	Artificial cornea	Letter of medical necessity, including condition being
10644	COCULEAD DEVICE INCLUDES ALL INTERNAL	treated.
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL	Pre-operative Evaluation, operative report, previous use of
10640	AND EXTERNAL COMPONENTS	hearing aids, level of hearing Impairment.
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH	Pre-operative Evaluation, operative report, previous use of
	PROCESSOR AND CONTROLLER, INTEGRATED	hearing aids, level of hearing Impairment.
L8627	SYSTEM. REPLACEMENT Cochlear implant, external speech processor,	Letter of modical perceptive including condition being
L0027	1	Letter of medical necessity, including condition being
L8628	component, replacement Cochlear implant, external controller	treated. Letter of medical necessity, including condition being
18028	component, replacement	treated.
L8629	Transmitting coil and cable, integrated, for	Letter of medical necessity, including condition being
10023	use with cochlear implant device,	treated.
	replacement	in catca.
L8631	Metacarpal phalangeal joint replacement, 2	Letter of medical necessity, including condition being
	or more pieces, metal (e.g., stainless steel or	treated.
	cobalt chrome), ceramic-like material (e.g.,	
	pyrocarbon), for surgical implantation (all	
	sizes, includes entire system)	
L8659	Interphalangeal finger joint replacement, 2 or	Letter of medical necessity, including condition being
	more pieces, metal (e.g., stainless steel or	treated.
	cobalt chrome), ceramic-like material (e.g.,	
	pyrocarbon) for surgical implantation, any	
10070	size	Laken of modifications of the Late 1997 A. C.
L8679	Implantable neurostimulator, pulse	Letter of medical necessity, including condition being
10001	generator, any type	treated.
L8681	Patient programmer (external) for use with	Recent history and physical, plan of care, and
	implantable programmable neurostimulator	documentation of medical necessity.
	pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency	Recent history and physical, plan of care, and
20002	receiver	documentation of medical necessity.
L8683		Recent history and physical, plan of care, and
	with implantable neurostimulator	documentation of medical necessity.
	radiofrequency receiver	a same medical recessity.
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Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Beschption of Frocedure code	incultur records request information required
Require Prior		
Authorization		
L8684	Radiofrequency transmitter (external) for use	Recent history and physical, plan of care, and
	with implantable sacral root neurostimulator	documentation of medical necessity.
	receiver for bowel and bladder management,	,
	replacement	
L8685		Recent history and physical, plan of care, and
	single array, rechargeable, includes extension	documentation of medical necessity.
L8686	Implantable neurostimulator pulse generator,	Recent history and physical, plan of care, and
	single array, nonrechargeable, includes	documentation of medical necessity.
	extension	
L8687	Implantable neurostimulator pulse generator,	Recent history and physical, plan of care, and
	dual array, rechargeable, includes extension	documentation of medical necessity.
L8688	Implantable neurostimulator pulse generator,	Recent history and physical, plan of care, and
	dual array, nonrechargeable, includes	documentation of medical necessity.
	extension	
L8689	External recharging system for battery	Recent history and physical, plan of care, and
	(internal) for use with implantable	documentation of medical necessity.
	neurostimulator, replacement only	
L8690	Auditory osseointegrated device, includes all	Recent history and physical, plan of care, and
	internal and external components	documentation of medical necessity.
L8691	Auditory osseointegrated device, external	Recent history and physical, plan of care, and
	sound processor, replacement	documentation of medical necessity.
L8692	Auditory osseointegrated device, external	Recent history and physical, plan of care, and
	sound processor, used without	documentation of medical necessity.
	osseointegration, body worn, includes	
	headband or other means of external	
140076	attachment	ic 4 055 252 4447
M0076	Prolotherapy	eviCore - 1-855-252-1117 or
00470	Davis and the fact was with all admin an	https://www.evicore.com/healthplan/bcbs
Q0479	Power module for use with electric or	Recent history and physical, plan of care, and
	electric/pneumatic ventricular assist device,	documentation of medical necessity.
00480	replacement only	Decemblished and abusing the state and
Q0480	Driver for use with pneumatic ventricular	Recent history and physical, plan of care, and
	assist device, replacement only	documentation of medical necessity.
Q0481	Microprocessor control unit for use with	Recent history and physical, plan of care, and
	electric ventricular assist device, replacement only	documentation of medical necessity.
Q0482	Microprocessor control unit for use with	Recent history and physical, plan of care, and
	electric/pneumatic combination ventricular	documentation of medical necessity.
	assist device, replacement only	
Q0483	Monitor/display module for use with electric	Recent history and physical, plan of care, and
	ventricular assist device, replacement only	documentation of medical necessity.
Q0484	Monitor/display module for use with electric	Recent history and physical, plan of care, and
	or electric/pneumatic ventricular assist	documentation of medical necessity.
	device, replacement only	'
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Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	iviedical Records Request Information Required
Require Prior		
Authorization		
Q0489	Power pack base for use with	Recent history and physical, plan of care, and
	electric/pneumatic ventricular assist device,	documentation of medical necessity.
	replacement only	·
Q0495	Battery/power pack charger for use with	Recent history and physical, plan of care, and
	electric or electric/pneumatic ventricular	documentation of medical necessity.
	assist device, replacement only	
Q2017	Injection, teniposide, 50 mg	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
Q2043	Sipuleucel-t, minimum of 50 million	eviCore - 1-855-252-1117 or
	autologous cd54+ cells activated with pap-gm-	https://www.evicore.com/healthplan/bcbs
	csf, including leukapheresis and all other	
	preparatory procedures, per infusion	
Q2049	Injection, doXorubicin hydrochloride,	eviCore - 1-855-252-1117 or
	liposomal, imported lipodoX, 10 mg	https://www.evicore.com/healthplan/bcbs
Q2050	Injection, doxorubicin hydrochloride,	eviCore - 1-855-252-1117 or
	liposomal, not otherwise specified, 10 mg	https://www.evicore.com/healthplan/bcbs
Q4131	Epifix, per square centimeter (Human	Recent history and physical, plan of care, and
	amniotic membrane allograft)	documentation of medical necessity.
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and
		documentation of medical necessity.
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and
		documentation of medical necessity.
Q5101	Injection, filgrastim (g-csf), biosimilar, 1	eviCore - 1-855-252-1117 or
05402	microgram	https://www.evicore.com/healthplan/bcbs
Q5102	Injection, infliximab, biosimilar, 10 mg	Letter of medical necessity, including condition being treated.
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar,	eviCore - 1-855-252-1117 or
	10 mg. New code effective	https://www.evicore.com/healthplan/bcbs
	4/1/18 previously coded Q5102 which was	
	deleted 3/31/18 Went live 11/1/17	
Q5104	100 MG SOLR Q5104 Injection, infliximab-	eviCore - 1-855-252-1117 or
	abda, biosimilar, 10 mg.	https://www.evicore.com/healthplan/bcbs
	New code effective 4/1/18 previously coded	
Q5106	J3590. Go live 11/1/17 epoetin alfa, biosimilar, (Retacrit) (for non-	eviCore - 1-855-252-1117 or
Q3100	esrd use), 1000 units	https://www.evicore.com/healthplan/bcbs
Q5107	Bevacizumab-awwb	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
Q5108	Injection, pegfilgrastim-jmdb, biosimilar,	eviCore - 1-855-252-1117 or
	(fulphila), 0.5 mg	https://www.evicore.com/healthplan/bcbs
Q5110	Injection, filgrastim-aafi, biosimilar,	eviCore - 1-855-252-1117 or
	(Nivestym), 1 microgram	https://www.evicore.com/healthplan/bcbs
Q5111	Pegfilgrastim-cbqv	eviCore - 1-855-252-1117 or
Q5112	Trastuzumab-dttb	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
Q3112	Hastuzumab-uttb	https://www.evicore.com/healthplan/bcbs
Q5113	Trastuzumab-pkrb	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	iniedical Records Request Illiotifiation Required
Require Prior		
Authorization		
Q5114	Trastuzumab-dkst	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
Q5115	Rituximab-abbs	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
Q5116	Trastuzumab-qyyp	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
Q5117	Trastuzumab-anns	eviCore - 1-855-252-1117 or
05110	Davia siawana h. hwa	https://www.evicore.com/healthplan/bcbs
Q5118	Bevacizumab-bvzr	eviCore - 1-855-252-1117 or
S0145	Injection, pegylated interferon alfa-2a, 180	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
30143	mcg per ml	https://www.evicore.com/healthplan/bcbs
S0148	Injection, pegylated interferon alfa-2b, 10	eviCore - 1-855-252-1117 or
30110	mcg	https://www.evicore.com/healthplan/bcbs
S2095	Transcatheter occlusion or embolization for	eviCore - 1-855-252-1117 or
	tumor destruction, percutaneous, any	https://www.evicore.com/healthplan/bcbs
	method, using yttrium-90	
	microspheres	
S2118	Metal-on-metal total hip resurfacing,	eviCore - 1-855-252-1117 or
	including acetabular and femoral components	https://www.evicore.com/healthplan/bcbs
S3800	Genetic testing for amyotrophic lateral	eviCore - 1-855-252-1117 or
	sclerosis (als)	https://www.evicore.com/healthplan/bcbs
S3840	DNA analysis for germline mutations of the	eviCore - 1-855-252-1117 or
	ret proto-oncogene for susceptibility to	https://www.evicore.com/healthplan/bcbs
	multiple endocrine neoplasia	
S3841	type 2 Genetic testing for retinoblastoma	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
S3842	Genetic testing for von hippel-lindau disease	eviCore - 1-855-252-1117 or
		https://www.evicore.com/healthplan/bcbs
S3844	DNA analysis of the connexin 26 gene (gjb2)	eviCore - 1-855-252-1117 or
	for susceptibility to congenital, profound	https://www.evicore.com/healthplan/bcbs
	deafness	
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-	eviCore - 1-855-252-1117 or
52050	thalassemia	https://www.evicore.com/healthplan/bcbs
S3850	Genetic testing for sickle cell anemia	eviCore - 1-855-252-1117 or
S3852	DNA analysis for apoe epsilon 4 allele for	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
33632	susceptibility to alzheimer's disease	https://www.evicore.com/healthplan/bcbs
S3854	Gene expression profiling panel for use in the	eviCore - 1-855-252-1117 or
	management of breast cancer treatment	https://www.evicore.com/healthplan/bcbs
	The state of the s	The state of the s
S3861	Genetic testing, sodium channel, voltage-	eviCore - 1-855-252-1117 or
	gated, type v, alpha subunit (scn5a) and	https://www.evicore.com/healthplan/bcbs
	variants for suspected brugada syndrome	
S3865	Comprehensive gene sequence analysis for	eviCore - 1-855-252-1117 or
	hypertrophic cardiomyopathy	https://www.evicore.com/healthplan/bcbs

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Procedure Code	imedical Records Request information Required
Require Prior		
Authorization		
S3866	Genetic analysis for a specific gene mutation	eviCore - 1-855-252-1117 or
	for hypertrophic cardiomyopathy (hcm) in an	https://www.evicore.com/healthplan/bcbs
	individual with a	
	known hcm mutation in the family	
C2070	Comparative general hubridization (egh)	eviCore - 1-855-252-1117 or
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay,	https://www.evicore.com/healthplan/bcbs
	autism spectrum disorder	inteps.// www.evicore.com/nearmplan/bcbs
	and/or intellectual disability	
	ana/or intencetaal disability	
S5501	Home infusion therapy, catheter care /	Recent history and physical, plan of care, and
	maintenance, complex (more than one	documentation of medical necessity.
	lumen), includes administrative services,	
	professional pharmacy services, care	
	coordination, and all necessary supplies and	
	equipment (drugs and nursing visits coded	
	separately), per diem	
S8030	Scleral application of tantalum ring(s) for	eviCore - 1-855-252-1117 or
	localization of lesions for proton beam	https://www.evicore.com/healthplan/bcbs
50007	therapy	10 4 055 252 4447
S8037	Magnetic resonance	eviCore - 1-855-252-1117 or
S8042	cholangiopancreatography (mrcp) Magnetic resonance imaging (mri), low-field	https://www.evicore.com/healthplan/bcbs eviCore - 1-855-252-1117 or
500.12	I wagnetie resonance imaging (imi), low hera	https://www.evicore.com/healthplan/bcbs
S8080	Scintimammography	eviCore - 1-855-252-1117 or
	(radioimmunoscintigraphy of the breast),	https://www.evicore.com/healthplan/bcbs
	unilateral, including supply of	
S8085	radiopharmaceutical	eviCore - 1-855-252-1117 or
38083	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence	https://www.evicore.com/healthplan/bcbs
	detection system (non-	inttps://www.evicore.com/nearthplan/bcbs
	dedicated PET scan)	
S8092	Electron beam computed tomography (also	eviCore - 1-855-252-1117 or
	known as ultrafast ct, cine ct)	https://www.evicore.com/healthplan/bcbs
S9123	Nursing care in the home, by RN, per hour	Recent history and physical, plan of care, and
	(use for general nursing care only, not to be	documentation of medical necessity.
	used when cpt codes 99500-99602 can be	
S9341	used). Home therapy; enteral nutrition via gravity;	Recent history and physical, plan of care, and
	administrative services, professional	documentation of medical necessity.
	pharmacy services, care coordination, and all	
	necessary supplies and equipment (enteral	
	formula and nursing visits coded separately),	
	per diem	

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that Require Prior	Jessen priori or i roccuure coue	and and an analysis and an ana
Authorization		
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504)	Recent history and physical, plan of care, and documentation of medical necessity.
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
V2623	Prosthetic eye, plastic, custom	Letter of medical necessity, including condition being treated.
V2627	Scleral cover shell	Letter of medical necessity, including condition being treated.
V2628	Fabrication and fitting of ocular conformer	Letter of medical necessity, including condition being treated.
V5011	Fitting/orientation/checking of hearing aid	Letter of medical necessity, including condition being treated.

Procedure	Description of Procedure Code	Medical Records Request Information Required
Codes that	Description of Frocedure Code	Medical Records Request Information Required
Require Prior		
Authorization		
V5014	Repair/modification of a hearing aid	Letter of medical necessity, including condition being
		treated.
V5090	Dispensing fee, unspecified hearing aid	Letter of medical necessity, including condition being
		treated.
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	History and physical, operative report.
V5273	Assistive listening device, for use with	Letter of medical necessity, including condition being
	cochlear implant	treated.
V5275	Ear impression, each	Letter of medical necessity, including condition being
		treated.
V5281	Assistive listening device, personal fm/dm	Letter of medical necessity, including condition being
	system, monaural, (1 receiver, transmitter,	treated.
\ (E202	microphone), any type	
V5282	Assistive listening device, personal fm/dm	Letter of medical necessity, including condition being
	system, binaural, (2 receivers, transmitter,	treated.
VE202	microphone), any type	Lake of an distance with the body and the second terms.
V5283	Assistive listening device, personal fm/dm	Letter of medical necessity, including condition being
V5284	neck, loop induction receiver Assistive listening device, personal fm/dm,	treated. Letter of medical necessity, including condition being
V3264	ear level receiver	treated.
V5285	Assistive listening device, personal fm/dm,	Letter of medical necessity, including condition being
V 3203	direct audio input receiver	treated.
V5286	Assistive listening device, personal blue tooth	Letter of medical necessity, including condition being
13230	fm/dm receiver	treated.
V5287	Assistive listening device, personal fm/dm	Letter of medical necessity, including condition being
	receiver, not otherwise specified	treated.
V5288	Assistive listening device, personal fm/dm	Letter of medical necessity, including condition being
	transmitter assistive listening device	treated.
V5289	Assistive listening device, personal fm/dm	Letter of medical necessity, including condition being
	adapter/boot coupling device for receiver,	treated.
	any type	
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being
		treated.
V5299	Hearing service, miscellaneous	Letter of medical necessity, including condition being
		treated.
	Behaviora	l Health
H2036	Substance Abuse Adolescent Residential	For Service Request, please contact customer service
		representative
H0047	Substance Abuse Rehabilitation	For Service Request, please contact customer service
110015		representative
H0010	Substance Acute Abuse Detoxification	For Service Request, please contact customer service
110004 ==		representative
H0004 TF	SUPR Intesive Outpatient Service - Individual	For Service Request, please contact customer service
		representative
H0005 TF	SUPR Intensive Outpatient Services - Group	For Service Request, please contact customer service
	- Company of the Comp	representative
	1	i epi escritative

Procedure Codes that Require Prior Authorization	Description of Procedure Code	Medical Records Request Information Required
H0002	Behavioral Health screening to determine	For Service Request beyond 8 units (1unit = 15 min), please
	eligibiltiy for admission to treatment program	contact customer service representative
H0004	BH: Alcohol and/or substance abuse services,	PA required only beyond 8 units For Service Request beyond 12 units (1 unit = 15 min)
HUUU4		· · · · · · · · · · · · · · · · · · ·
	group counseling by a clinician	please contact customer service representative
110005		Prior auth required only beyond 12 units
H0005	Alcohol and/or substance abuse services,	For Service Request beyond 12 units (1 unit = 15 min)
	group counseling by a clinician	please contact customer service representative
50.400		Prior Auth required only beyond 12 units
S9480	Mental Health Intensive Outpatient Services	For Service Request, please contact customer service
110000	<u> </u>	representative
H0039	Assertive Community Treatment	For Illinois Medicaid Service Request, please complete and
		submit Rule 132 Authorization Form.
		https://www.bcbsil.com/provider/education/forms.html
		1 unit=15 min
H2016	Community Support Team	For Illinois Medicaid Service Request, please complete and
		submit Rule 132 Authorization Form.
		https://www.bcbsil.com/provider/education/forms.html
		1 unit=15 min
H2017	Psychosocial Rehabilitation	For Illinois Medicaid Service Request, please complete and
		submit Rule 132 Authorization Form.
		https://www.bcbsil.com/provider/education/forms.html
90870	Electroconvulsive Therapy	For Service Request, please contact customer service
		representative
90867	Transcranial Magnetic Stimulation	For Service Request, please contact customer service
22257	T	representative
90867	Transcranial Magnetic Stimulation	For Service Request, please contact customer service
00000	Transport of Manuschia City Lati	representative
90868	Transcranial Magnetic Stimulation	For Behavioral Health primary dx Service Request, please
	<u> </u>	contact customer service representative

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