



BlueCross BlueShield
of Texas

Recommended Clinical Review (Predetermination), Post-Service Review and Non-Covered 2023 Commercial Benefit Procedure Code List Applicable to Fully Insured Accounts

Posted December 2023

**EXCEPT AS OTHERWISE NOTED IN THE DATE COLUMN, THESE CODES ARE EFFECTIVE
ON OR BEFORE JANUARY 1, 2023**

Our medical policy impacts all our coverage decisions. This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes that, based on our medical policy, are:

- Subject to a medical necessity review,
- Candidates for a Recommended Clinical Review (Predetermination),
- Not a benefit for our members,
- Considered experimental, investigational and unproven (EIU), or
- Not on our prior authorization list (with some exceptions based on members' benefit plans)

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply.

To make a request for a Recommended Clinical Review (Predetermination), refer to our Utilization Management information on our website. You can also submit a request through Availity. <https://www.availity.com/>

Procedure Code Groups	Procedure Code Group Description
Medical Policy Criteria (MP Criteria)	Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.
	Highlighted procedures/services in this code group may require Prior Authorization per contract agreement.
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.
Experimental, Investigational, Unproven (EIU)	Procedures/services reviewed against Medical Policy Criteria and deemed Experimental/Investigational/Unproven.
Unlisted or Undefined	Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.
PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.	
Note: Some codes will appear twice if Ending Date and Effective Date are within the same time period.	

Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
90678	RSV VACC PREF BIVALENT IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2023	5/30/2023	Add effective 01/01/2023 Retire effective 05/30/2023
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91303	SARSCOV2 VAC AD26 .5ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	6/1/2023	10/31/2023	Add effective 06/01/2023 Retire effective 10/31/2023
91305	SARSCOV2 VAC 30 MCG TRS-SUCR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91306	SARSCOV2 VAC 50MCG/0.25ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91307	SARSCOV2 VAC 10 MCG TRS-SUCR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91308	SARSCOV2 VAC 3 MCG TRS-SUCR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91309	SARSCOV2 VAC 50MCG/0.5ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
91311	SARSCOV2 VAC 25MCG/0.25ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023

0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0004A	ADM SARSCOV2 30MCG/0.3ML BST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0031A	ADM SARSCOV2 VAC AD26 .5ML	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	6/1/2023	10/31/2023	Add effective 06/01/2023 Retire effective 10/31/2023
0034A	ADM SARSCOV2 VAC AD26 .5ML B	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	6/1/2023	10/31/2023	Add effective 06/01/2023 Retire effective 10/31/2023
0051A	ADM SARSCV2 30MCG TRS- SUCR 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0052A	ADM SARSCV2 30MCG TRS- SUCR 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0053A	ADM SARSCV2 30MCG TRS- SUCR 3	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0054A	ADM SARSCV2 30MCG TRS- SUCR B	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023

0064A	ADM SARSCOV2 50MCG/0.25MLBST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0066U	PAMG-1 IA CERVICO-VAG FLUID	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	9/30/2023	Retire effective 09/30/2023
0071A	ADM SARSCV2 10MCG TRS- SUCR 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0072A	ADM SARSCV2 10MCG TRS- SUCR 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0073A	ADM SARSCV2 10MCG TRS- SUCR 3	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0074A	ADM SARSCV2 10MCG TRS- SUCR B	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0081A	ADM SARSCV2 3MCG TRS- SUCR 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0082A	ADM SARSCV2 3MCG TRS- SUCR 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0083A	ADM SARSCV2 3MCG TRS- SUCR 3	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023

0094A	ADM SARSCOV2 50 MCG/.5 MLBST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
0113A	ADM SARSCOV2 25MCG/0.25ML3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	10/31/2023	Add effective 04/18/2023 Retire effective 10/31/2023
67028	INJECTION EYE DRUG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/15/2023	12/31/2999	Add effective 08/15/2023
S2102	Islet cell tissue transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
95957	EEG DIGITAL ANALYSIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95954	EEG MONITORING/GIVING DRUGS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95726	EEG PHY/QHP>84 HR W/VEEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95725	EEG PHY/QHP>84 HR W/O VID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95724	EEG PHY/QHP>60<84 HR W/VEEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95723	EEG PHY/QHP>60<84 HR W/O VID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95722	EEG PHY/QHP>36<60 HR W/VEEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023

95721	EEG PHY/QHP>36<60 HR W/O VID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95720	EEG PHY/QHP EA INCR W/VEEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95719	EEG PHYS/QHP EA INCR W/O VID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95718	EEG PHYS/QHP 2-12 HR W/VEEG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95717	EEG PHYS/QHP 2-12 HR W/O VID	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95716	VEEG EA 12-26HR CONT MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95715	VEEG EA 12-26HR INTMT MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95714	VEEG EA 12-26 HR UNMNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95713	VEEG 2-12 HR CONT MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95712	VEEG 2-12 HR INTMT MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95711	VEEG 2-12 HR UNMONITORED	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95710	EEG W/O VID EA 12-26HR CONT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95709	EEG W/O VID EA 12-26HR INTMT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95708	EEG WO VID EA 12-26HR UNMNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023

95707	EEG W/O VID 2-12HR CONT MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95706	EEG WO VID 2-12HR INTMT MNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95705	EEG W/O VID 2-12 HR UNMNTR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95700	EEG CONT REC W/VID EEG TECH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
91117	COLON MOTILITY 6 HR STUDY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023

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Recommended Clinical Review does not apply to requests for Texas Medicaid or Medicare Advantage members.

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Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or is issued a recommended clinical review is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.