

 BlueCross BlueShield of Texas		Texas Medicaid Benefit Prior Authorization Procedure Code List Effective 1/1/2026, Revised 3/19/2026	
<p>This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service repres</p>		<p>Utilization Management Process CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.</p>	
CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Prior to 9/1/2019
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Prior to 9/1/2019
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Prior to 9/1/2019
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
19303	MAST SIMPLE COMPLETE	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.	Prior to 9/1/2019
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	Prior to 9/1/2019
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	Prior to 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
19340	IMMEDIATE BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
21141	LEFORT I-1 PIECE W/O GRAFT	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21188	RECONSTRUCTION OF MIDFACE	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21196	RECONST LWR JAW W/FIXATION	Submit chart notes including type of appliance, history of re- occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
22804	POST FUSION 13/> VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	Prior to 9/1/2019
22999	ABDOMEN SURGERY PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30802	ABLATE INF TURBINATE SUBMUC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
38230	BONE MARROW HARVEST ALLOGEN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Prior to 9/1/2019
65710	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
67900	REPAIR BROW DEFECT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
67901	REPAIR EYELID DEFECT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
67902	REPAIR EYELID DEFECT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
67903	REPAIR EYELID DEFECT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
67904	REPAIR EYELID DEFECT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
67908	REPAIR EYELID DEFECT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
69716	Implantation, osseointegrated implant, skull	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	added 1/1/2023
69719	Revision or replacement osseointegrated implant, skull	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	added 1/1/2023
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
95782	POLYSOM <6 YRS 4/> PARAMTRS	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95783	POLYSOM <6 YRS CPAP/BILVL	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95800	SLP STDY UNATTENDED	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95805	MULTIPLE SLEEP LATENCY TEST	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95807	SLEEP STUDY ATTENDED	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95808	POLYSOM ANY AGE 1-3> PARAM	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95810	POLYSOM 6/> YRS 4/> PARAM	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
95811	POLYSOM 6/>YRS CPAP 4/> PARM	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97150	Therapeutic procedure(s), group (2 or more individuals)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97151	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97153	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97154	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97155	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97156	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97158	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97763	Orthotic(S)/Prosthetic(S) Management And/Or Training, Upper Extremity(ies), Lower Extremity(ies), And/Or Trunk, Subsequent Orthotic(S)/Prosthetic(S) Encounter, Each 15 Minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0433	Advanced life support, level 2 (als 2)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0436	Rotary wing air mileage, per statute mile	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A6506	Compression burn garment, glove to axilla, custom fabricated	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
B9998	NOC for enteral supplies	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	Recent history and physical, plan of care, and documentation of medical necessity.	Added 6/1/2026
C9047	aTTP	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
C9257	Injection, bevacizumab, 0.25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
E0194	Air fluidized bed	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0271	Mattress, innerspring	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0315	Bed accessory: board, table, or support device, any type	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
E0316	Bed safety enclosure	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0635	Patient lift, electric with seat or sling	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
E0640	Patient lift, fixed system, includes all components/acc	Recent history and physical, plan of care, and documentation of medical necessity.	Added 6/1/2026
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0784	External ambulatory infusion pump, insulin	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1399	Durable medical equipment, miscellaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E2101	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2021
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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2020
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
H0015	Alcohol and/or drug services; intensive outpatient	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
H0035	Partial Hospitalization	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
H2023	Employment Services - LTSS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
H2025	Employment Services - LTSS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
J0013	Esketamine, nasal spray, 1 mg (commonly known as Spravato)	Recent history and physical, plan of care, and documentation of medical necessity.	Added 6/1/2026
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0174	Leqembi	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J0179	Injection, brolocizumab-dbl, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0180	Injection, agalsidase beta, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0202	Injection, alemtuzumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0217	Injection, velmanase alfa-tycv, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0222	Onpattro	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0223	Givosiran	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0224	Inj. lumasiran, 0.5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0364	Injection, apomorphine hydrochloride, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0490	Injection, belimumab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0491	Injection, anifrolumab-fnia, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0517	Fasenra	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0584	Crysvita	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0585	Injection, onabotulinumtoxina, 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0586	Injection, abobotulinumtoxina, 5 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0587	Injection, rimabotulinumtoxinb, 100 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0588	Injection, incobotulinumtoxin a, 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0606	5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0638	Injection, canakinumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0739	Injection, cabotegravir 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0741	Inj, cabote rilpivir 2mg 3mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0791	Crizanlizumab-tmca (Adakveo)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) Non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units Non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0896	Injection, luspatercept-aamt, 0.25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J0897	Injection, denosumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1000	Depo-estradiol cypionate inj	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1073	Testosterone pellet 75 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 6/1/2026
J1301	Radicava	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1303	Ultomiris	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1305	Inj, evinacumab-dgnb, 5mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1306	Injection, inclisiran, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1322	Injection, elosulfase alfa, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1325	Injection, epoprostenol, 0.5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1380	Estradiol valerate 10 mg inj	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1411	Hemmens	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1412	Roctavian	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1413	Elevidys	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1427	Viltepso	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1428	500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1429	Golodirsen/Vyondys	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J1458	Injection, galsulfase, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1551	Inj cutaquig 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1554	Asceniv	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1555	Injection, immune globulin, 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1556	Injection, immune globulin (bivigam), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1557	Injection, immune globulin, (gammaplex), intravenous, non- lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1558	Inj. xembify, 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1559	Injection, immune globulin (hizentra), 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1599	Immune Globulin, not otherwise , specified, Panzyga	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1602	Injection, golimumab, 1 mg, for intravenous use	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1632	Brexanolone	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1743	Injection, idursulfase, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1745	Injection infliximab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1746	Trogarzo	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1786	Injection, imiglucerase, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1823	Uplizna	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1930	Injection, lanreotide, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J1931	Injection, laronidase, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1932	Injection, lanreotide, (ciplra), 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J1950	Leuprolide acetate /3.75 mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1951	Inj fensolvi 0.25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2323	Injection, natalizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2326	Injection, nusinersen, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J2327	Inj risankizumab-rzaa 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2329	Injection, ublituximab-xiyy, 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
J2350	300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J2356	Inj tezepelumab-ekko, 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2357	Injection, omalizumab, 5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2502	Injection, pasireotide long acting, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J2507	Injection, pegloticase, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2778	Injection, ranibizumab, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2793	Injection, riloncept, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2796	Injection, romiplostim, 10 micrograms	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2998	Inj plasminogen tmvh 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3032	Eptinezumab-jjmr (Vyepsti)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3060	Injection, taliglucerase alfa, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3111	Evenity	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3121	Inj testostero enanthate 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J3145	Testosterone undecanoate 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J3241	Teprotumumab-trbw	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3245	llumya	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J3262	Injection, tocilizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3285	Injection, treprostinil, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3304	Zilretta	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3315	Triptorelin pamoate	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J3316	Triptodur	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3380	Injection, vedolizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3385	Injection, velaglucerase alfa, 100 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3387	Elivaldogene autotemcel (brand name Skysona)	Recent history and physical, plan of care, and documentation of medical necessity.	Added 6/1/2026
J3392	Casgevy (exagamglogene autotemcel)	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
J3394	Lyfgenia (lovotibeglogene autotemcel)	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2025
J3397	Mepsevii	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3398	Luxturna	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3399	Zolgensma	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3401	Vvjuek	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J3490	Unclassified drugs Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3590	Unclassified biologic Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7318	Durolane	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7329	TriVisc	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7352	Scenesse	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9022	atezolizumab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9047	Injection, carfilzomib, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9055	Injection, cetuximab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9144	DARZALEX	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9145	DARZALEX	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9155	Degarelix injection	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J9173	IMFINZI	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9177	PADCEV	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9216	Injection, interferon, gamma 1-b, 3 million units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9217	Leuprolide acetate suspnsion	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J9218	Leuprolide acetate injeciton	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J9226	Histrelin implant (supprelin la), 50 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9228	YERVOY	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9264	ABRAXANE	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9271	KEYTRUDA	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9299	OPDIVO	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J9306	PERJETA	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9312	Rituxan Non-oncology use	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9332	Vyvgart	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9358	ENHERTU	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2025
J9999	Unclassified, non-oncology use	Recent history and physical, plan of care, and documentation of medical necessity.	Added internal 1/1/24
K0004	High strength, lightweight wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0006	Heavy-duty wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0007	Extra heavy-duty wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0008	Custom manual wheelchair/base	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0009	Other manual wheelchair/base	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0010	Standard-weight frame motorized/power wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0013	Custom motorized/power wheelchair base	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2026
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, 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.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
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.	Prior to 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, 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.	Prior to 9/1/2019
K0823	Power wheelchair, group 2 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.	Prior to 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, 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.	Prior to 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, 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.	Prior to 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, 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.	Prior to 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0856	Power wheelchair, group 3 standard, single power option, 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.	Prior to 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, 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.	Added 4/1/2026
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, 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.	Prior to 9/1/2019
K0869	Power wheelchair, group 4 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.	Prior to 9/1/2019
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0877	Power wheelchair, group 4 standard, single power option, 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.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, 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.	Prior to 9/1/2019
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, W/ ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2020
L8690	Auditory osseointegrated device, includes all internal and external components	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q2041	Yescarta	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2022
Q2042	Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2022
Q2053	Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2022
Q2054	Lisocabtagene Maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2022
Q2055	Idcabtagene vicleuce	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2023
Q2056	Ciltacabtagene car-pos t	Recent history and physical, plan of care, and documentation of medical necessity.	added 4/1/2023

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. New code effective 4/1/18 previously coded Q5102 which was deleted 3/31/18 Went live 11/1/17	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg. New code effective 4/1/18 previously coded J3590, Go live 11/1/17	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5106	epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units Non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5110	Nivestym	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2025
Q5115	Rituximab-abbs Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2025
Q5119	Rituximab-pvvr OR Ruxience Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5121	infliximab-axxq	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5123	rituximab-arrx non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/24
Q5125	Riabni	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2025
Q5133	Tofidence	Recent history and physical, plan of care, and documentation of medical necessity.	added 1/1/2025
S0201	Partial hospitalization services, less than 24 hours, per diem (BH)	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/25
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2020
S5101	Adult Day care - LTSS	3-6 Hours = 1 unit, over 6 Hours = 2 units	Prior to 9/1/2019
S5160	Electronic Home Response - Installation	1 unit per service	Prior to 9/1/2019
S5161	Electronic Home Response - Monthly Rent	1 month = 1 unit	Prior to 9/1/2019
S5165	Home Modifications, per service	1 unit per service	Prior to 9/1/2019
S9480	Intensive Outpatient Program for Mental Health	Letter of Medical Necessity, including condition being treated.	1/1/2024
T1000	Private Duty Nursing - LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T1005	Respite - Homemaker LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T1019	Personal Care Assistant LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T1025	Prescribed Pediatric Care - LTSS	4.25 hours or more =1 unit	Prior to 9/1/2019
T1026	Prescribed Pediatric Care - LTSS	1 hour= 1 unit	Prior to 9/1/2019
T2002	Prescribed Pediatric Care - LTSS	1 day = 1 unit	Prior to 9/1/2019
T2027	Out of Home Respite - LTSS	15 minutes= 1 unit	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
T2028	Adaptive Aids - LTSS	1 unit per service	Prior to 9/1/2019
T2029	Adaptive Aids - LTSS	1 unit per service	Prior to 9/1/2019
T2038	Transistion Assistance Services- LTSS	1 unit per service	Prior to 9/1/2019
T2039	Adaptive Aids - LTSS	1 unit per service	Prior to 9/1/2019
T2040	Financial Management Services - LTSS	Monthly fee	Prior to 9/1/2019
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
E1022	wheelchair transportation securement system, any type	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
E1032	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware used with joystick or other drive control interface	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
J3393	Injection of betibeglogene autotemcel, a specific gene therapy, per treatment	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
C9175	Injection, treosulfan, 50 mg	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
H2021	Community-based wrap-around services, per 15 minutes - BH	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
H2024	Supported employment, per diem - BH	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025

Press "CTRL" and "F" keys at the same time to bring up the search box

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q2058	Aucatzyl (obecabtagene autoleucl),	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
J3391	Lenmeldy (atidarsagene autotemcel)	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
J0870	Rytelo (Imetelstat)	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
81425	Under Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
81426	Under Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
81427	Under Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
81443	Under Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
Q2057	Tecelra (afamitresgene autoleucl)	Recent history and physical, plan of care, and documentation of medical necessity.	10/1/2025
J3402	Ryoncil (remestemcel-L-rknd)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2026
J3403	Encelto (revakinagene taroretcel-lwey)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2026
E0986	Manual wheelchair accessory, power assist system	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2026
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2026

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Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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 appropriate number on the member's ID card.

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