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|  BlueCross BlueShield of Texas | | Texas Medicaid Benefit Preauthorization Procedure Code List, Effective 1/1/2026, Revised 5/20/2026 | |
|--|--------------------------------------|--|-----------------------|
| 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.OCC | 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|-------------------------------|---|-------------------|
| 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 |
| 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 |

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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 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 |
| 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 |

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| 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 |
| 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 |

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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|---|--|----------------------------------|
| 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 |
| 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 |

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| 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 |

| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
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| 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 extremit(ies), lower extremit(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 extremit(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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| 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 |

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| E0271 | Mattress, innerspring | Recent history and physical, plan of care, and documentation of medical necessity. | Prior to 9/1/2019 |
| 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 |

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 |
|---|--|--|-------------------|
| 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|---|--|-------------------|
| 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|--|--|----------------------------------|
| 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|---|--|-------------------------------------|
| 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|---|--|----------------------------------|
| 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 |
| 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 |

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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|-------------------------------------|
| 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, (gammappleX), 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|---|--|----------------------------------|
| J1932 | Injection, lanreotide, (cipla), 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 |
| 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, rilonacept, 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 tvmh 1mg | Recent history and physical, plan of care, and documentation of medical necessity. | BCBSTX review effective 5/1/2024 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|--|--|-------------------------------------|
| J3032 | Eptinezumab-jjmr (Vyepiti) | 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 testosterone 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 | Ilumya | Recent history and physical, plan of care, and documentation of medical necessity. | BCBSTX review effective 5/1/2024 |
| 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, trestoninil, 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 |
| J3389 | Prademagene Zamikerace (Zevaskyn) | Recent history and physical, plan of care, and documentation of medical necessity. | 8/1/2026 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|---|--|-------------------------------------|
| 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 |
| 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 |
| J9161 | LYMPHIR | Recent history and physical, plan of care, and documentation of medical necessity. | 8/1/2026 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|--|--|----------------------------------|
| 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 |
| 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 |

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 |
|---|---|--|-------------------|
| 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 |
| 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 |

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 |
|---|--|--|-------------------|
| 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|--|--|-------------------|
| 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 |
| 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 |

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 |
|---|--|--|-------------------|
| 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 |
| 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 |

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 |
|---|--|--|-------------------|
| 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 |
| 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 |

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 01/01/2026 Updated 5/20/2026

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 |
|---|---|--|----------------------------------|
| 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 | Idecabtagene 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 |
| 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 |

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 |
|---|---|--|----------------------------------|
| 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 |
| 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 | Transition 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 |

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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|----------------|
| 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 |
| Q2058 | Aucatzyl (obecabtagene autoleucel), | 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 |

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| CPT® and HCPCS codes that require authorization | Description of procedure Code | Medical Records Request information required | Effective Date |
|---|--|--|----------------|
| 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 |
| J3404 | PAPZIMEOS (zopapogene imadenovec-drba suspension) | Recent history and physical, plan of care, and documentation of medical necessity. | 8/1/2026 |
| 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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