

		Texas Medicaid Benefit Prior Authorization Procedure Code List Effective 1/1/2022   Revised 3/4/2022	
This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply.		Utilization Management Process CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. For inactive Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes that have been replaced by a new code(s), the new code(s) is required to be submitted.	
Green highlighted codes are managed by <b>eviCore® healthcare (eviCore)</b> . eviCore: 1-855-252-1117 or <a href="#">eviCore healthcare web portal</a>			
CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
11920	CORRECT SKIN COLOR 6.0 CM/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	1/1/2021
11921	CORRECT SKN COLOR 6.1-20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	1/1/2021
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	1/1/2021
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15002	WOUND PREP TRK/ARM/LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15003	WOUND PREP ADDL 100 CM	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
15786	ABRASION LESION SINGLE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15787	ABRASION LESIONS ADD-ON	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
15819	PLASTIC SURGERY NECK	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
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
17340	CRYOTHERAPY OF SKIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
19300	REMOVAL OF BREAST TISSUE	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.	Prior to 9/1/2019
19301	PARTIAL MASTECTOMY	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.	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

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19304	MAST SUBQ	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
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.	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
19328	REMOVAL OF BREAST 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
20930	SP BONE ALGRFT MORSEL ADD-ON	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
20931	SP BONE ALGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
20936	SP BONE AGRFT LOCAL ADD-ON	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
20937	SP BONE AGRFT MORSEL ADD-ON	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
20938	SP BONE AGRFT STRUCT ADD-ON	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
20974	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
20975	ELECTRICAL BONE STIMULATION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
21141	LEFORT I-1 PIECE W/O GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21142	LEFORT I-2 PIECE W/O GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21143	LEFORT I-3/> PIECE W/O GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21145	LEFORT I-1 PIECE W/ GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21146	LEFORT I-2 PIECE W/ GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21147	LEFORT I-3/> PIECE W/ GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21150	LEFORT II ANTERIOR INTRUSION	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21151	LEFORT II W/BONE GRAFTS	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21154	LEFORT III W/O LEFORT I	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21155	LEFORT III W/ LEFORT I	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21159	LEFORT III W/FHDW/O LEFORT I	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21160	LEFORT III W/FHD W/ LEFORT I	Fax PA to Dental Review. 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	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21193	RECONST LWR JAW W/O GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21194	RECONST LWR JAW W/GRAFT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21195	RECONST LWR JAW W/O FIXATION	Fax PA to Dental Review. 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	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21198	RECONSTR LWR JAW SEGMENT	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
21199	RECONSTR LWR JAW W/ADVANCE	Fax PA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.	Prior to 9/1/2019
22510	PERQ CERVICOTHORACIC INJECT	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22511	PERQ LUMBOSACRAL INJECTION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22512	VERTEBROPLASTY ADDL INJECT	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22513	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22514	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22515	PERQ VERTEBRAL AUGMENTATION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22526	IDET SINGLE LEVEL	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
22527	IDET 1 OR MORE LEVELS	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
22533	LAT LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22534	LAT THOR/LUMB ADDL SEG	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22551	NECK SPINE FUSE&REMOV BEL C2	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22552	ADDL NECK SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22554	NECK SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22558	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22585	ADDITIONAL SPINAL FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22595	NECK SPINAL FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22600	NECK SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22612	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22614	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22630	LUMBAR SPINE FUSION	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
22632	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
22633	LUMBAR SPINE FUSION COMBINED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22634	SPINE FUSION EXTRA SEGMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22800	POST FUSION <6 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	Prior to 9/1/2019
22802	POST FUSION 7-12 VERT SEG	Submit history and physical, operative report, documentation of conservative measures.	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
22840	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
22842	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22843	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22844	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22845	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22846	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22847	INSERT SPINE FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22848	INSERT PELV FIXATION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22853	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22854	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
22859	INSJ BIOMECHANICAL DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	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
23000	REMOVAL OF CALCIUM DEPOSITS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23020	RELEASE SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23120	PARTIAL REMOVAL COLLAR BONE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23130	REMOVE SHOULDER BONE PART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23410	REPAIR ROTATOR CUFF ACUTE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23412	REPAIR ROTATOR CUFF CHRONIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23415	RELEASE OF SHOULDER LIGAMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23420	REPAIR OF SHOULDER	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23430	REPAIR BICEPS TENDON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23440	REMOVE/TRANSPLANT TENDON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23450	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23455	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23460	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23462	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23465	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23466	REPAIR SHOULDER CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23470	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23472	RECONSTRUCT SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23473	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
23474	REVIS RECONST SHOULDER JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27096	INJECT SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27125	PARTIAL HIP REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27130	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27132	TOTAL HIP ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27134	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27137	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27138	REVISE HIP JOINT REPLACEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27279	ARTHRODESIS SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27280	FUSION OF SACROILIAC JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27332	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27333	REMOVAL OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27334	REMOVE KNEE JOINT LINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27403	REPAIR OF KNEE CARTILAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27412	AUTOCHONDROCYTE IMPLANT KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27418	REPAIR DEGENERATED KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27420	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27422	REVISION OF UNSTABLE KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27424	REVISION/REMOVAL OF KNEECAP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27425	LAT RETINACULAR RELEASE OPEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27427	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27428	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27429	RECONSTRUCTION KNEE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27430	REVISION OF THIGH MUSCLES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27438	REVISE KNEECAP WITH IMPLANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27440	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27441	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27442	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27443	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27446	REVISION OF KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27447	TOTAL KNEE ARTHROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27486	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
27487	REVISE/REPLACE KNEE JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29805	SHOULDER ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29806	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29807	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29819	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29820	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29821	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29822	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29823	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29824	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29825	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29826	SHOULDER ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29827	ARTHROSCOP ROTATOR CUFF REPR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29828	ARTHROSCOPY BICEPS TENODESIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
29860	HIP ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29861	HIP ARTHRO W/FB REMOVAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29862	HIP ARTHRO W/DEBRIDEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29863	HIP ARTHRO W/SYNOVECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29866	AUTGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29867	ALLGRFT IMPLNT KNEE W/SCOPE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29868	MENISCAL TRNSPL KNEE W/SCPE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29870	KNEE ARTHROSCOPY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29871	KNEE ARTHROSCOPY/DRAINAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29873	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29874	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29875	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29876	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29877	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29879	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29880	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29881	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29882	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29883	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29884	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29885	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29886	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29887	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29888	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29889	KNEE ARTHROSCOPY/SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29914	HIP ARTHRO W/FEMOROPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29915	HIP ARTHRO ACETABULOPLASTY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
29916	HIP ARTHRO W/LABRAL REPAIR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	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
30460	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
30520	REPAIR OF NASAL SEPTUM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30801	ABLATE INF TURBINATE SUPERF	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
31575	DIAGNOSTIC LARYNGOSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
31579	LARYNGOSCOPY TELESCOPIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
36466	NIX NONCMPND SCLRSNT MLT VN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	1/1/2020
36470	NIX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
36471	NIX SCLRSNT MLT INCMPTNT VN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
36475	ENDOVENOUS RF 1ST VEIN	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.	Prior to 9/1/2019
36476	ENDOVENOUS RF VEIN ADD-ON	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.	Prior to 9/1/2019
36478	ENDOVENOUS LASER 1ST VEIN	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.	Prior to 9/1/2019
36479	ENDOVENOUS LASER VEIN ADDON	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.	Prior to 9/1/2019
37241	VASC EMBOLIZE/OCCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.	Prior to 9/1/2019
37799	VASCULAR SURGERY PROCEDURE	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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
40700	REPAIR CLEFT LIP/NASAL	History and physical and operative report.	Prior to 9/1/2019
40701	REPAIR CLEFT LIP/NASAL	History and physical and operative report.	Prior to 9/1/2019
40702	REPAIR CLEFT LIP/NASAL	History and physical and operative report.	Prior to 9/1/2019
40720	REPAIR CLEFT LIP/NASAL	History and physical and operative report.	Prior to 9/1/2019
40761	REPAIR CLEFT LIP/NASAL	History and physical and operative report.	Prior to 9/1/2019
40820	TREATMENT OF MOUTH LESION	History and physical and operative report.	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
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	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
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
50860	TRANSPLANT URETER TO SKIN	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.	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
54520	REMOVAL OF TESTIS	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
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
55180	REVISION OF SCROTUM	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
56810	REPAIR OF PERINEUM	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
57311	REPAIR URETHROVAGINAL LESION	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
62263	EPIDURAL LYSIS MULT SESSIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
62264	EPIDURAL LYSIS ON SINGLE DAY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
62280	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
62281	TREAT SPINAL CORD LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2020
62282	TREAT SPINAL CANAL LESION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62287	PERCUTANEOUS DISKECTOMY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
62292	NIX CHEMONUCLEOLYSIS LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
62320	NIX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
62321	NIX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62322	NIX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62323	NIX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62324	NIX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62325	NIX INTERLAMINAR CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62326	NIX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62327	NIX INTERLAMINAR LMBR/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62350	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
62351	IMPLANT SPINAL CANAL CATH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
62360	INSERT SPINE INFUSION DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
62361	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
62362	IMPLANT SPINE INFUSION PUMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2021
63001	REMOVE SPINE LAMINA 1/2 CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63005	REMOVE SPINE LAMINA 1/2 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63012	REMOVE LAMINA/FACETS LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63015	REMOVE SPINE LAMINA >2 CRVCL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63017	REMOVE SPINE LAMINA >2 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63020	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63030	LOW BACK DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63035	SPINAL DISK SURGERY ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63040	LAMINOTOMY SINGLE CERVICAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63042	LAMINOTOMY SINGLE LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63043	LAMINOTOMY ADDL CERVICAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63044	LAMINOTOMY ADDL LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63045	REMOVE SPINE LAMINA 1 CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63047	REMOVE SPINE LAMINA 1 LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63048	REMOVE SPINAL LAMINA ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63050	CERVICAL LAMINOPLSTY 2/> SEG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63051	C-LAMINOPLASTY W/GRAFT/PLATE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63056	DECOMPRESS SPINAL CORD LMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63057	DECOMPRESS SPINE CORD ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63075	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63076	NECK SPINE DISK SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63081	REMOVE VERT BODY DCMPRN CRVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63082	REMOVE VERTEBRAL BODY ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63650	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63655	IMPLANT NEUROELECTRODES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
63685	INSRT/REDO SPINE N GENERATOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	11/1/2019
64451	NIX AA&/STRD NRV NRVGTG SI JT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
64479	INJ FORAMEN EPIDURAL C/T	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64480	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64483	INJ FORAMEN EPIDURAL L/S	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64484	INJ FORAMEN EPIDURAL ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64490	INJ PARAVERT F JNT C/T 1 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64491	INJ PARAVERT F JNT C/T 2 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64492	INJ PARAVERT F JNT C/T 3 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64493	INJ PARAVERT F JNT L/S 1 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64494	INJ PARAVERT F JNT L/S 2 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64495	INJ PARAVERT F JNT L/S 3 LEV	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64510	N BLOCK STELLATE GANGLION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64520	N BLOCK LUMBAR/THORACIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64625	RF ABLTJ NRV NRVGTG SI JT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64633	DESTROY CERV/THOR FACET JNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64634	DESTROY C/TH FACET JNT ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64635	DESTROY LUMB/SAC FACET JNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64636	DESTROY L/S FACET JNT ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Prior to 9/1/2019
65710	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65756	CORNEAL TRNSPL ENDOHELIAL	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65757	PREP CORNEAL ENDO ALLOGRAFT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65780	OCULAR RECONST 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
67906	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
69300	REVISE EXTERNAL EAR	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
69604	MASTOID SURGERY REVISION	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
69715	TEMPLE BNE IMPLNT W/STIMULAT	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
69718	REVISE TEMPLE BONE IMPLANT	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
69799	MIDDLE EAR SURGERY PROCEDURE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
70336	MAGNETIC IMAGE JAW JOINT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019



CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
74160	CT ABDOMEN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74170	CT ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74174	CT ANGIO ABD&PELV W/O&W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74175	CT ANGIO ABDOM W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74176	CT ABD & PELVIS W/O CONTRAST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74177	CT ABD & PELV W/CONTRAST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74178	CT ABD & PELV 1/> REGNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74181	MRI ABDOMEN W/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74182	MRI ABDOMEN W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74183	MRI ABDOMEN W/O & W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74185	MRI ANGIO ABDOM W/ORW/O DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74261	CT COLONOGRAPHY DX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74262	CT COLONOGRAPHY DX W/DYE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74263	CT COLONOGRAPHY SCREENING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
74712	MRI FETAL SNGL/1ST GESTATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
75635	CT ANGIO ABDOMINAL ARTERIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76376	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76377	3D RENDER W/INTRP POSTPROCES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76380	CAT SCAN FOLLOW-UP STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76390	MR SPECTROSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76391	MR ELASTOGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76497	CT PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76498	MRI PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76506	ECHO EXAM OF HEAD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76536	US EXAM OF HEAD AND NECK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76604	US EXAM CHEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76641	ULTRASOUND BREAST COMPLETE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76642	ULTRASOUND BREAST LIMITED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76700	US EXAM ABDOM COMPLETE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76705	ECHO EXAM OF ABDOMEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76706	US ABDL AORTA SCREEN AAA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76770	US EXAM ABDO BACK WALL COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76775	US EXAM ABDO BACK WALL LIM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76776	US EXAM K TRANSP L W/DOPPLER	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76800	US EXAM SPINAL CANAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76801	OB US < 14 WKS SINGLE FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76802	OB US < 14 WKS ADDL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76805	OB US >= 14 WKS SNGL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76810	OB US >= 14 WKS ADDL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76811	OB US DETAILED SNGL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76812	OB US DETAILED ADDL FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76813	OB US NUCHAL MEAS 1 GEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76814	OB US NUCHAL MEAS ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76815	OB US LIMITED FETUS(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76816	OB US FOLLOW-UP PER FETUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76817	TRANSVAGINAL US OBSTETRIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76818	FETAL BIOPHYS PROFILE W/NST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76819	FETAL BIOPHYS PROFIL W/O NST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76820	UMBILICAL ARTERY ECHO	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76821	MIDDLE CEREBRAL ARTERY ECHO	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76825	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76826	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76827	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76828	ECHO EXAM OF FETAL HEART	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76830	TRANSVAGINAL US NON-OB	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76831	ECHO EXAM UTERUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76856	US EXAM PELVIC COMPLETE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76857	US EXAM PELVIC LIMITED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76870	US EXAM SCROTUM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76872	US TRANSRECTAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76881	US COMPL JOINT R-T W/IMG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76882	US LMTD JT/NONVASC XTR STRUX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76885	US EXAM INFANT HIPS DYNAMIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76886	US EXAM INFANT HIPS STATIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76965	ECHO GUIDANCE RADIOTHERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76975	GI ENDOSCOPIC ULTRASOUND	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76978	US TRGT DYN MBUBB 1ST LES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
76979	US TRGT DYN MBUBB EA ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77014	CT SCAN FOR THERAPY GUIDE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77021	MRI GUIDANCE NDL PLMT RS&I	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77022	MRI GDN PARNCHYMA TISS ABLTJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77046	MRI BREAST C- UNILATERAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77047	MRI BREAST C- BILATERAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77048	MRI BREAST C+ W/CAD UNI	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
77049	MRI BREAST C+ W/CAD BI	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
77078	CT BONE DENSITY AXIAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77084	MAGNETIC IMAGE BONE MARROW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77371	SRS MULTISOURCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77372	SRS LINEAR BASED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77373	SBRT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77385	NTSTY MODUL RAD TX DLVR SMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77386	NTSTY MODUL RAD TX DLVR CPLX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77387	GUIDANCE FOR RADJ TX DLVR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77401	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77423	NEUTRON BEAM TX COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77424	IO RAD TX DELIVERY BY X-RAY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77425	IO RAD TX DELIVER BY ELCTRNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019



CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
77520	PROTON TRMT SIMPLE W/O COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77523	PROTON TRMT INTERMEDIATE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77525	PROTON TREATMENT COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77750	INFUSE RADIOACTIVE MATERIALS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77761	APPLY INTRCAV RADIAT SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77762	APPLY INTRCAV RADIAT INTERM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77763	APPLY INTRCAV RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77767	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77768	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
77778	APPLY INTERSTIT RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78012	THYROID UPTAKE MEASUREMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78013	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78014	THYROID IMAGING W/BLOOD FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78015	THYROID MET IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78016	THYROID MET IMAGING/STUDIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78018	THYROID MET IMAGING BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78020	THYROID MET UPTAKE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78070	PARATHYROID PLANAR IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78071	PARATHYRD PLANAR W/WO SUBTRJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78072	PARATHYRD PLANAR W/SPECT&CT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78075	ADRENAL CORTEX & MEDULLA IMG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78102	BONE MARROW IMAGING LTD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78103	BONE MARROW IMAGING MULT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78104	BONE MARROW IMAGING BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78185	SPLEEN IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78195	LYMPH SYSTEM IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78201	LIVER IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78202	LIVER IMAGING WITH FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78215	LIVER AND SPLEEN IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78216	LIVER & SPLEEN IMAGE/FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78226	HEPATOBIILIARY SYSTEM IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78227	HEPATOBI SYST IMAGE W/DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78230	SALIVARY GLAND IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78231	SERIAL SALIVARY IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78232	SALIVARY GLAND FUNCTION EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78258	ESOPHAGEAL MOTILITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78261	GASTRIC MUCOSA IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78262	GASTROESOPHAGEAL REFLUX EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78264	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78265	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78266	GASTRIC EMPTYING IMAG STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78278	ACUTE GI BLOOD LOSS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78290	MECKELS DIVERT EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78291	LEVEEN/SHUNT PATENCY EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78300	BONE IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78305	BONE IMAGING MULTIPLE AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78306	BONE IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78315	BONE IMAGING 3 PHASE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78445	VASCULAR FLOW IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78456	ACUTE VENOUS THROMBUS IMAGE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
78457	VENOUS THROMBOSIS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
78458	VEN THROMBOSIS IMAGES BILAT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
78579	LUNG VENTILATION IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78580	LUNG PERFUSION IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78582	LUNG VENTILAT&PERFUS IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78597	LUNG PERFUSION DIFFERENTIAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78598	LUNG PERF&VENTILAT DIFERENTL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78600	BRAIN IMAGE < 4 VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78605	BRAIN IMAGE 4+ VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78608	BRAIN IMAGING (PET)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78610	BRAIN FLOW IMAGING ONLY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78630	CEREBROSPINAL FLUID SCAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78635	CSF VENTRICULOGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78645	CSF SHUNT EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78650	CSF LEAKAGE IMAGING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78660	NUCLEAR EXAM OF TEAR FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78700	KIDNEY IMAGING MORPHOL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78701	KIDNEY IMAGING WITH FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78707	K FLOW/FUNCT IMAGE W/O DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78708	K FLOW/FUNCT IMAGE W/DRUG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78709	K FLOW/FUNCT IMAGE MULTIPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78725	KIDNEY FUNCTION STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78730	URINARY BLADDER RETENTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78740	URETERAL REFLUX STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78761	TESTICULAR IMAGING W/FLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78800	TUMOR IMAGING LIMITED AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78801	TUMOR IMAGING MULT AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78802	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78803	TUMOR IMAGING (3D)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78804	TUMOR IMAGING WHOLE BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78811	PET IMAGE LTD AREA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
78812	PET IMAGE SKULL-THIGH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78813	PET IMAGE FULL BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78814	PET IMAGE W/CT LMNTD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78815	PET IMAGE W/CT SKULL-THIGH	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78816	PET IMAGE W/CT FULL BODY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
78830	RP LOCLZJ TUM SPECT W/CT 1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
78831	RP LOCLZJ TUM SPECT 2 AREAS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
78832	RP LOCLZJ TUM SPECT W/CT 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
78999	NUCLEAR DIAGNOSTIC EXAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
79005	NUCLEAR RX ORAL ADMIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
79101	NUCLEAR RX IV ADMIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
79403	HEMATOPOIETIC NUCLEAR TX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81173	AR GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81174	AR GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81185	CACNA1A GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81186	CACNA1A GEN KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81189	CSTB GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81190	CSTB GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81201	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81202	APC GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81203	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81212	BRCA1&2 185&5385&6174 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81215	BRCA1 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81216	BRCA2 GENE FULL SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81217	BRCA2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81221	CFTR GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81222	CFTR GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81223	CFTR GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81225	CYP2C19 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81226	CYP2D6 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81227	CYP2C9 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81230	CYP3A4 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81231	CYP3A5 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81232	DPYD GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81238	F9 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81248	G6PD KNOWN FAMILIAL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81249	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81252	GJB2 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81253	GJB2 GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81257	HBA1/HBA2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81258	HBA1/HBA2 GENE FAM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81259	HBA1/HBA2 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81277	CYTODENOMIC NEO MICRORA ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81278	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81279	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81283	IFNL3 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81286	FXN GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81289	FXN GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81291	MLH1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81292	MLH1 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81293	MLH1 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81295	MSH2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81296	MSH2 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81298	MSH6 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81299	MSH6 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81302	MECP2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81303	MECP2 GENE KNOWN VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81304	MECP2 GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81306	NUDT15	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81307	PALB2 GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2021
81308	PALB2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2021
81313	PCA3/KLK3 ANTIGEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81317	PMS2 GENE FULL SEQ ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81318	PMS2 KNOWN FAMILIAL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81321	PTEN GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81322	PTEN GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81323	PTEN GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81325	PMP22 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81326	PMP22 GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81328	SLCO1B1 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81335	TPMT GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81336	SMN1 GENE FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81346	TYMS GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81349	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
81350	UGT1A1 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81351	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81353	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81355	VKORC1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81361	HBB GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81362	HBB GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81363	HBB GENE DUP/DEL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81364	HBB FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81400	MOPATH PROCEDURE LEVEL 1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81401	MOPATH PROCEDURE LEVEL 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81402	MOPATH PROCEDURE LEVEL 3	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81403	MOPATH PROCEDURE LEVEL 4	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81404	MOPATH PROCEDURE LEVEL 5	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81405	MOPATH PROCEDURE LEVEL 6	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81406	MOPATH PROCEDURE LEVEL 7	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81407	MOPATH PROCEDURE LEVEL 8	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81408	MOPATH PROCEDURE LEVEL 9	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81410	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81411	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81419	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81443	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81448	HRDTRY PERPH NEURPHY PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81450	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81455	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81500	ONCO (OVAR) TWO PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81503	ONCO (OVAR) FIVE PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81518	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81519	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
81520	ONC BREAST MRNA 58 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81521	ONC BREAST MRNA 70 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81522	ONC BREAST MRNA 12 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
81523	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
81529	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81541	ONC PROSTATE MRNA 46 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81542	ONC PROSTATE MRNA 22 CNT GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81546	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81551	ONC PROSTATE 3 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81552	ONC UVEAL MLNMA MRNA 15 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
81554	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
81596	NFCT DS CHRNC HCV 6 ASSAYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
84999	CLINICAL CHEMISTRY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
90284	HUMAN IG SC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
90901	BIOFEEDBACK PERI/URO/RECTAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.	Prior to 9/1/2019
92507	SPEECH/HEARING THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92508	SPEECH/HEARING THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92511	NASOPHARYNGOSCOPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92520	LARYNGEAL FUNCTION STUDIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92521	EVALUATION OF SPEECH FLUENCY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92522	EVALUATE SPEECH PRODUCTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92523	SPEECH SOUND LANG COMPREHEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92524	BEHAVRAL QUALIT ANALYS VOICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92526	ORAL FUNCTION THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92548	POSTUROGRAPHY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
92597	ORAL SPEECH DEVICE EVAL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92610	EVALUATE SWALLOWING FUNCTION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92611	MOTION FLUOROSCOPY/SWALLOW	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92612	ENDOSCOPY SWALLOW (FEES) VID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92614	LARYNGOSCOPIC SENSORY VID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92616	FEES W/LARYNGEAL SENSE TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
92626	EVAL AUD REHAB STATUS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
92627	EVAL AUD STATUS REHAB ADD-ON	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
92630	AUD REHAB PRE-LING HEAR LOSS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
92633	AUD REHAB POSTLING HEAR LOSS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
93880	EXTRACRANIAL BILAT STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93882	EXTRACRANIAL UNI/LTD STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93886	INTRACRANIAL COMPLETE STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93888	INTRACRANIAL LIMITED STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93890	TCV VASOREACTIVITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93892	TCV EMBOLI DETECT W/O INJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93893	TCV EMBOLI DETECT W/INJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93922	UPR/L XTREMITY ART 2 LEVELS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93923	UPR/LXTR ART STDY 3+ LVLS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93924	LWR XTR VASC STDY BILAT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93925	LOWER XTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93926	LOWER XTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93930	UPPER XTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93931	UPPER XTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93970	XTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93971	XTREMITY STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93975	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93976	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93978	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93979	VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93980	PENILE VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
93981	PENILE VASCULAR STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
93985	Short Description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
93986	Short Description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
93990	DOPPLER FLOW TESTING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
94660	POS AIRWAY PRESSURE CPAP	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
95782	POLYSOM <6 YRS 4/> PARAMTRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95783	POLYSOM <6 YRS CPAP/BILVL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95805	MULTIPLE SLEEP LATENCY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95807	SLEEP STUDY ATTENDED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95808	POLYSOM ANY AGE 1-3> PARAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95810	POLYSOM 6/> YRS 4/> PARAM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95811	POLYSOM 6/>YRS CPAP 4/> PARM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95851	RANGE OF MOTION MEASUREMENTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95852	RANGE OF MOTION MEASUREMENTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
95992	CANALITH REPOSITIONING PROC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
96105	ASSESSMENT OF APHASIA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
96110	DEVELOPMENTAL SCREEN W/SCORE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
96112	DEVEL TST PHYS/QHP 1ST HR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
96113	DEVEL TST PHYS/QHP EA ADDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97012	MECHANICAL TRACTION THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97014	ELECTRIC STIMULATION THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97016	VASOPNEUMATIC DEVICE THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97018	PARAFFIN BATH THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97022	WHIRLPOOL THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97024	DIATHERMY EG MICROWAVE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97026	INFRARED THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97028	ULTRAVIOLET THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97032	ELECTRIC STIMULATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97033	ELECTRIC CURRENT THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97034	CONTRAST BATH THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97035	ULTRASOUND THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97036	HYDROTHERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97039	PHYSICAL THERAPY TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
97110	THERAPEUTIC EXERCISES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97112	NEUROMUSCULAR REEDUCATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97113	AQUATIC THERAPY/EXERCISES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97116	GAIT TRAINING THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97124	MASSAGE THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97129	THER IVNTJ 1ST 15 MIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
97130	THER IVNTJ EA ADDL 15 MIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
97139	PHYSICAL MEDICINE PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97140	MANUAL THERAPY 1/> REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97150	GROUP THERAPEUTIC PROCEDURES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97164	PT RE-EVAL EST PLAN CARE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97168	OT RE-EVAL EST PLAN CARE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97530	THERAPEUTIC ACTIVITIES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97535	SELF CARE MNGMENT TRAINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97537	COMMUNITY/WORK REINTEGRATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97542	WHEELCHAIR MNGMENT TRAINING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97597	RMVL DEVITAL TIS 20 CM/<	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
97598	RMVL DEVITAL TIS ADDL 20CM/<	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
97602	WOUND(S) CARE NON-SELECTIVE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97605	NEG PRESS WOUND TX <=50 CM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
97606	NEG PRESS WOUND TX >50 CM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
97750	PHYSICAL PERFORMANCE TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97761	PROSTHETIC TRAINJ 1ST ENC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
97763	ORTHC/PROSTC MGMT SBSQ ENC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
97799	PHYSICAL MEDICINE PROCEDURE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
98940	CHIROPRACT MANJ 1-2 REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
98941	CHIROPRACT MANJ 3-4 REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
98942	CHIROPRACTIC MANJ 5 REGIONS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0001U	RBC DNA HEA 35 AG 11 BLD GRP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0002M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0003M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0005U	ONCO PRST8 3 GENE UR ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0011M	ONC PRST8 CA MRNA 12 GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0012M	ONC MRNA 5 GEN RSK URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0012U	GERMLN DO GENE REARGMT DETCJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0013M	ONC MRNA 5 GEN RECR URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0013U	ONC SLD ORG NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0014U	HEM HMTLMF NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0016M	Short Description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0017M	Short Description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0018U	ONC THYR 10 MICRORNA SEQ ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0019U	ONC RNA TISS PREDICT ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0026U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0029U	RX METAB ADVRS TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0030U	RX METAB WARF TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0031U	CYP1A2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0032U	COMT GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0033U	HTR2A HTR2C GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0034U	TGMT NUDT15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0036U	XOME TUM & NML SPEC SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0037U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0042T	B BRGDRFERI ANT8 12 PRTN IGG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0045U	ONC BRST DUX CARC IS 12 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
0047U	ONC PRST8 MRNA 17 GENE ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0048U	ONC SLD ORG NEO DNA 468 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0050U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0053U	ONC PRST8 CA FISH ALYS 4 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0055U	CARD HRT TRNSPL 96 DNA SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0056U	HEM AML DNA GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0069U	ONC CLRCT MICRORNA MIR-31-3P	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0071U	CYP2D6 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0074U	CYP2D6 NONDUPLICATED GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0075U	CYP2D6 5' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0076U	CYP2D6 3' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0078U	PAIN MGT OPI USE GNOTYP PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0079U	CMPRTV DNA ALYS MLT SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0084U	RBC DNA GNOTYP 10 BLD GROUPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0087U	CRD HRT TRNSPL MRNA 1283 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0088U	TRNSPLJ KDN ALGRFT REJ 1494	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0089U	ONC MLNMA PRAME & LINC00518	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0090U	ONC CUTAN MLNMA MRNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0094U	GENOME RAPID SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0101U	HERED COLON CA DO 15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0102U	HERED BRST CA RLTD DO 17 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0103U	HERED OVA CA PNL 24 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0111U	ONC COLON CA KRAS&NRAS ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0114U	GI BARRETTIS ESOPH VIM&CCNA1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0118U	TRNSPLJ DON-DRV CLL-FR DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0120U	ONC B CLL LYMPHM MRNA 58 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0129U	HERED BRST CA RLTD DO PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0130U	HERED COLON CA DO MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0131U	HERED BRST CA RLTD DO PNL 13	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0132U	HERED OVA CA RLTD DO PNL 17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0133U	HERED PRST8 CA RLTD DO 11	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0134U	HERED PAN CA MRNA PNL 18 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0135U	HERED GYN CA MRNA PNL 12 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0136U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0137U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0153U	ONC BREAST MRNA 101 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0156U	COPY NUMBER SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0157U	APC MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0158U	MLH1 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0159U	MSH2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0160U	MSH6 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0161U	PMS2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0162U	HERED COLON CA TRGT MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0169U	NUDT15&TPMT GENE COM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0170U	NEURO ASD RNA NEXT GEN SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0171U	TRGT GEN SEQ ALYS PNL DNA 23	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0173U	PSYC GEN ALYS PANEL 14 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0175U	PSYC GEN ALYS PANEL 15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0179U	ONC NONSM CLL LNG CA ALYS 23	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
0203U	AI IBD MRNA XPRSN PRFL 17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0204U	ONC THYR MRNA XPRSN ALYS 593	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0205U	OPH AMD ALYS 3 GENE VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0208U	NEURO ALZHEIMER CELL AGGREGJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0209U	CYTOG CONST ALYS INTERROG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0212U	RARE DS GEN DNA ALYS PROBAND	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0213T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0213U	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0214T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0214U	RARE DS XOM DNA ALYS PROBAND	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0215T	NJX PARAVERT W/US CER/THOR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0215U	RARE DS XOM DNA ALYS EA COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0216T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0216U	NEURO INH ATAXIA DNA 12 COM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0217T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0217U	NEURO INH ATAXIA DNA 51 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0218T	NJX PARAVERT W/US LUMB/SAC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0218U	NEURO MUSC DYS DMD SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0220U	Short Description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0228U	ONC PRST8 MA MOLEC PRFL ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0229U	BCAT1 PROMOTER MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0230U	AR FULL SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0231U	CACNA1A FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0232U	CSTB FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0233U	FXN GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0234U	MECP2 FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0235U	PTEN FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0236U	SMN1&SMN2 FULL GENE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0237U	CAR ION CHNLPTHY GEN SEQ PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021

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0238U	ONC LNCH SYN GEN DNA SEQ ALY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0239U	TRGT GEN SEQ ALYS PNL 311+	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0242U	TRGT GEN SEQ ALYS PNL 55-74	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	7/1/2021
0244U	ONC SOLID ORGN DNA 257 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	7/1/2021
0245U	ONC THYR MUT ALYS 10 GEN&37	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	7/1/2021
0246U	RBC DNA GNOTYP 16 BLD GROUPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	7/1/2021
0250U	ONC SLD ORG NEO DNA 505 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
0252U	FTL ANEUPLOIDY STR ALYS DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
0253U	RPRDTVE MED RNA GEN PRFL 238	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
0254U	REPRDTVE MED ALYS 24 CHRMSM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
0258U	AI PSOR MRNA 50-100GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0260U	RARE DS ID OPTGENOME MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0262U	ONC SLD TUM RTPCR 7 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0264U	RARE DS ID OPT GENOME MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0265U	RAR DO WHL GN&MTCORL DNA ALS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0266U	UNXPL CNST HRTBL DO GN XPRSN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0267U	RARE DO ID OPT GEN MAPG&SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0269U	HEM AUT DM CGEN TRMBCTPNA 14	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0270U	HEM CGEN COAGJ DO 20 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0271U	HEM CGEN NEUTROPENIA 23 GEN J	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0272U	HEM GENETIC BLD DO 51 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0273U	HEM GEN HYPRFIBRINLYSIS 8 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0274T	PERQ LAMOT/LAM CRV/THRC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0274U	HEM GEN PLTLT DO 43 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0275T	PERQ LAMOT/LAM LUMBAR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
0276U	HEM INH THROMBOCYTOPENIA 23 J	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0277U	HEM GEN PLTLT FUNCJ DO 31	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0278U	HEM GEN THROMBOSIS 12 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0282U	RBC DNA GNTYP 12 BLD GRP GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0285U	ONC RSPS RADJ CLL FR DNA TOX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0286U	CEP72 NUJDT15&TPMT GENE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0287U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0288U	ONC LUNG MRNA QUAN PCR 11&3	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0289U	NEURO ALZHEIMER MRNA 24 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0290U	PAIN MGMT MRNA GEN XPRSN 36	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0291U	PSYC MOOD DMRNA 144 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0292U	PSYC STRS DO MRNA 72 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0293U	PSYC SUICIDAL IDEA MRNA 54	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0296U	ONC ORL&/OROP CA 20 MLC FEAT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0297U	ONC PAN TUM WHL GEN SEQ DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0298U	ONC PAN TUM WHL TRNS SEQ RNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0299U	ONC PAN TUM WHL GEN OPT MAPG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0300U	ONC PAN TUM WHL GEN SEQ&OPT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2022
0537T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
0538T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
0539T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
0540T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
0609T	Mrs disc pain acquijs data	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0610T	Mrs disc pain transmis data	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0611T	Mrs disc pain alg alys data	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0612T	Mrs discogenic pain i&r	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0627T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0628T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0629T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0630T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
0633T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0634T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0635T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0636T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0637T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0638T	Short description not available at time of distribution	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
0648T	QUAN MR ALYS TISS W/O MRI	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
0649T	QUAN MR ALYS TISS W/MRI	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Prior to 9/1/2019
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Prior to 9/1/2019
A0433	Advanced life support, level 2 (als 2)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Prior to 9/1/2019
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.	Prior to 9/1/2019
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.	Prior to 9/1/2019
A0436	Rotary wing air mileage, per statute mile	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Prior to 9/1/2019
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7030	Full face mask used with positive airway pressure device, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7031	Face mask interface, replacement for full face mask, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
A7032	Cushion for use on nasal mask interface, replacement only, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7035	Headgear used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7036	Chinstrap used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7037	Tubing used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7038	Filter, disposable, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7039	Filter, non disposable, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Replaced C9031)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
A9590	Iodine I-131, iobenguane, 1 millicurie	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
C9047	aTTP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
C9055	Zulresso is indicated for the treatment of postpartum depression (PPD) in adults.	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
C9062	Daratumumab and hyaluronidase-fihj OR Darzalex Faspro	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
C9064	Mitomycin OR Jelmyto	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
C9065	Romidepsin (non-lyophilized)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
C9066	Sacituzumab govitecan-hziy OR Trodelvy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
C9076	Lisocabtagene maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
C9081	Idecabtagene vicleucel	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
C9257	Injection, bevacizumab, 0.25 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
C9399	Unclassified drugs or biologicals	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
E0194	Air fluidized bed	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E0250	Hospital bed, fixed height, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Prior to 9/1/2019
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Prior to 9/1/2019
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Prior to 9/1/2019
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Prior to 9/1/2019
E0271	Mattress, innerspring	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
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	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.	Prior to 9/1/2019
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
E0561	Humidifier, non-heated, used with positive airway pressure device	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0562	Humidifier, heated, used with positive airway pressure device	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
E0601	Continuous positive airway pressure (cpap) device	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	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	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated 2 full legs and trunk	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	Prior to 9/1/2019
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
E0749	Osteogenesis stimulator, electrical, surgically implanted	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	Prior to 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	Prior to 9/1/2019
E0784	External ambulatory infusion pump, insulin	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	11/1/2019
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.	11/1/2019
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Prior to 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019



CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical necessity supporting need for the wheelchair accessory.	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	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1310	Whirlpool, nonportable (built-in type)	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E1399	Durable medical equipment, miscellaneous	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	History and physical or clinical notes, including anticipated length of use.	1/1/2021
E2101	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	History and physical or clinical notes, including anticipated length of use.	1/1/2021

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Letter of medical necessity supporting need for the wheelchair accessory.	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	Letter of medical necessity supporting need for the wheelchair accessory.	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	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Letter of medical necessity supporting need for the wheelchair accessory.	Prior to 9/1/2019
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Letter of medical necessity supporting need for the wheelchair accessory.	1/1/2020
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	15 minutes= 1 unit	Prior to 9/1/2019
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	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	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
G0327	Colon ca sccr; bld-bsd biomrk	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2022

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6001	Ultrasonic guidance for placement of radiation therapy fields	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
H0001	Alcohol and/or drug assessment	History and physical, chart notes from ordering physician	Prior to 9/1/2019
H2023	Employment Services - LTSS	History and physical, chart notes from ordering physician	Prior to 9/1/2019
H2025	Employment Services - LTSS	History and physical, chart notes from ordering physician	Prior to 9/1/2019
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0178	Injection, aflibercept, 1 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0179	Injection, brotuzumab-dbl, 1 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	9/1/2020
J0180	Injection, agalsidase beta, 1 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0202	Injection, alemtuzumab, 1 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0207	Injection, amifostine, 500 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0222	Onpattro	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
J0223	Givosiran	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2021

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0364	Injection, apomorphine hydrochloride, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0490	Injection, belimumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0517	Fasenra	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0584	Crysvisa	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J0585	Injection, onabotulinumtoxin a, 1 unit	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0586	Injection, abobotulinumtoxin a, 5 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0587	Injection, rimabotulinumtoxin b, 100 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0588	Injection, incobotulinumtoxin a, 1 unit	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
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	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0638	Injection, canakinumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0640	Injection, leucovorin calcium, per 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0641	Injection, levoleucovorin calcium, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0642	Levoleucovorin	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0791	Crizanlizumab-tmca (Adakveo)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J0800	Injection, corticotropin, up to 40 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0894	Injection, decitabine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J0896	Luspatercept-aamt OR Reblozyl	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J0896	Luspatercept-aamt	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J0897	Injection, denosumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1300	Injection, ecilizumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1301	Radicava	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J1303	Ultomiris	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1322	Injection, elosulfase alfa, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1325	Injection, epoprostenol, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1427	Viltespo	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J1428	500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1429	Golodirsen/Vyndys	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J1442	Injection, filgrastim (g-CSF), eXcludes biosimilars, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1453	Injection, fosaprepitant, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1454	Fosnetupitant/Palonosetron	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1458	Injection, galsulfase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1554	Asceniv	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1555	Injection, immune globulin, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1556	Injection, immune globulin (bivigam), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1557	Injection, immune globulin, (gammagard), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1559	Injection, immune globulin (hizentra), 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1599	Immune Globulin, not otherwise specified, Panzyga	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1602	Injection, golimumab, 1 mg, for intravenous use	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1627	Injection, granisetron, extended-release, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J1632	Brexanolone	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J1743	Injection, idursulfase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1745	Injection infliximab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1746	Trogarzo	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J1786	Injection, imiglucerase, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1823	Uplizna	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J1930	Injection, lanreotide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1931	Injection, laridase, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J1950	Leuproliide acetate, per 3.75 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2323	Injection, natalizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2326	Injection, nusinersen, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2357	Injection, omalizumab, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2430	Injection, pamidronate disodium, per 30 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2469	Injection, palonosetron hcl, 25 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2502	Injection, pasireotide long acting, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2505	Injection, pegfilgrastim, 6 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2507	Injection, pegloticase, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2562	Injection, plerixafor, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2778	Injection, ranibizumab, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2793	Injection, rilonacept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2796	Injection, romiplostim, 10 micrograms	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J2860	Injection, siltuximab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3032	Eptinezumab-jjmr (Vyapti)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J3060	Injection, taliglucerase alfa, 10 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3111	Evenity	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J3241	Teprotumumab-trbw	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J3245	Ilumya	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J3262	Injection, tocilizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3285	Injection, trestinil, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3304	Zilretta	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J3315	Injection, triptorelin pamoate, 3.75 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3316	Triptodur	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3380	Injection, vedolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3385	Injection, velaglucerase alfa, 100 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3397	Mepsevii	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J3398	Luxturna	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J3399	Zolgensma	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J3489	Injection, zoledronic acid, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3490	Unclassified drugs	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J3590	Unclassified biologics	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7316	Injection, ocriplasmin, 0.125 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7318	Durolane	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J7329	TriVisc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J7331	Synjoynnt	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2019
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
J7333	Visco-3	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	4/1/2021
J7351	Injection, bimatroprost, intracameral implant, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2022
J7352	Scenesse	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J7353	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	7/1/2021
J9000	Injection, doxorubicin hydrochloride, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9015	Injection, aldesleukin, per single use vial	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9017	Injection, arsenic trioxide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9019	Injection, asparaginase (erwinaze), 1,000 iu	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9022	Injection, atezolizumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9023	Injection, avelumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9025	Injection, azacitidine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9027	Injection, clofarabine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9030	BCG live intravesical instillation, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9032	Injection, belinostat, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9033	Injection, bendamustine hcl, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9034	Injection, bendamustine HCl (bendeka), 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9036	Bendamustine HCL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9037	Blenrep	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9039	Injection, blinatumomab, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9040	Injection, bleomycin sulfate, 15 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J9041	Injection, bortezomib, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9042	Injection, brentuximab vedotin, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9043	Injection, cabazitaxel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9044	Bortezomib	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9045	Injection, carboplatin, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9047	Injection, carfilzomib, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9050	Injection, carmustine, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9055	Injection, cetuximab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9057	Copanlisib	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9060	Injection, cisplatin, powder or solution, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9065	Injection, cladribine, per 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9070	Cyclophosphamide, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9098	Injection, cytarabine liposome, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9100	Injection, cytarabine, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9118	Calaspargase pegol-mknl	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2019
J9119	Cemiplimab-rwlc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2019
J9120	Injection, dactinomycin, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9130	Dacarbazine, 100 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9144	Darzalex Faspro	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9145	Injection, daratumumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9150	Injection, daunorubicin, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9155	Injection, degarelix, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9171	Injection, docetaxel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9173	Durvalumab	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9175	Injection, eliott's b solution, 1 ml	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9176	Injection, elotuzumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9177	Enfortumab vedotin-efv OR Padcev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J9178	Injection, epirubicin hcl, 2 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9179	Injection, eribulin mesylate, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9181	Injection, etoposide, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9185	Injection, fludarabine phosphate, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9190	Injection, fluorouracil, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9198	Gemcitabine HCl in NaCl OR Infugem	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J9200	Injection, floxuridine, 500 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9201	Injection, gemcitabine hydrochloride, 200 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9202	Goserelin acetate implant, per 3.6 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9204	Mogamulizumab-kpkc	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2019
J9205	Injection, irinotecan liposome, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9206	Injection, irinotecan, 20 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9207	Injection, ixabepilone, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9208	Injection, ifosfamide, 1 gram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9209	Injection, mesna, 200 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9211	Injection, idarubicin hydrochloride, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9216	Injection, interferon, gamma 1-b, 3 million units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9218	Leuprolide acetate, per 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9223	Zepzelca	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9225	Histrelin implant (vantas), 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9226	Histrelin implant (supprelin la), 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9227	Isatuximab-irfc OR Sarclisa	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J9228	Injection, ipilimumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9245	Injection, melphalan hydrochloride, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9246	Melphalan HCl OR Evomela	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9250	Methotrexate sodium, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J9260	Methotrexate Sodium (J9260: 50mg)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9261	Injection, nelarabine, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9263	Injection, oxaliplatin, 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9264	Injection, paclitaxel protein-bound particles, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9266	Injection, pegaspargase, per single dose vial	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9267	Injection, paclitaxel, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9268	Injection, pentostatin, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9269	Tagraxofusp-erzs	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2019
J9271	Injection, pembrolizumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9280	Injection, mitomycin, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9281	Jelmyto	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9285	Injection, olaratumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020
J9293	Novantrone	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9295	Injection, necitumumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9299	Injection, nivolumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9301	Injection, obinutuzumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9302	Injection, ofatumumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9303	Injection, panitumumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9304	Pemetrexed OR Pemfexy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J9305	Injection, pemtrexed, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9306	Injection, pertuzumab, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9307	Injection, pralatrexate, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9308	Injection, ramucirumab, 5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9309	Polatumumab vedotin-piqi	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	9/1/2020
J9311	Rituximab and Hyaluronidase Human	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9312	Rituxan	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2020

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J9313	Moxetumomab pasudotox-tdfk	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2019
J9315	Injection, romidepsin, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9316	Phesgo	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9317	Trodelvy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9320	Injection, streptozocin, 1 gram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9328	Injection, temozolomide, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9330	Injection, temsirolimus, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9340	Injection, thiotepa, 15 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9349	Monjuvi	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	10/1/2021
J9351	Injection, topotecan, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9352	Injection, trabectedin, 0.1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9354	Injection, ado-trastuzumab emtansine, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9355	Injection, trastuzumab, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9356	Trastuzumab and hyaluronidase-oyk	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9357	Injection, valrubicin, intravesical, 200 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9358	Fam-trastuzumab deruxtecan-nxk OR Enhertu	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	1/1/2021
J9360	Injection, vinblastine sulfate, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9370	Vincristine sulfate, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9371	Injection, vincristine sulfate liposome, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9390	Injection, vinorelbine tartrate, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9395	Injection, fulvestrant, 25 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9400	Injection, ziv-aflibercept, 1 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9600	Injection, porfimer sodium, 75 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
J9999	Unclassified neoplastic	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs	Prior to 9/1/2019
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	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	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. <b>Documented inability to propel a manual chair.</b>	Prior to 9/1/2019
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. <b>Documented inability to propel a manual chair.</b>	Prior to 9/1/2019
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2021
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	Prior to 9/1/2019
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	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0814	Power wheelchair, group 1 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
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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019

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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019



CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical or clinical notes, including anticipated length of use.	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	History and physical or clinical notes, including anticipated length of use.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	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	History and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.	Prior to 9/1/2019
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.	Prior to 9/1/2019
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUB	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE ST	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS F	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMP	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L0484	TLISO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS F	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0486	TLISO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMP	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIORPANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,PRODUCE INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS,INCLUDES	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR ANDPOSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCE SINTRA	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR ANDPOSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCE SINTRA	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOREXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCE INTRACAVITARY PRESSURE TO REDUCE LO	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOREXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCE INTRACAVITARY PRESSURE TO REDUCE LO	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCE INTRACAVITARY PRESSURE TO R	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCE INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBR	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0700	CTLISO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0710	CTLISO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, W/ INTERFACE MATERIAL, (MINERVA TYPE)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGSAND PINS, ANY MATERIALAND PINS, ANY MATERIAL	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1000	CTLISO FOR SCOLIOSIS (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1200	TLISO, INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1680	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CU	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL (TACHOUAN TYPE), CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1730	LEGG PERTHES ORTHOSIS, SCOTTISH RITEN TYPE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1755	LEG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED,	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, W/ ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, A	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	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	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1920	AFO, SINGLE UPRIGHT W/ STATIC OR ADJUSTABLE STOP (PHELPS OR PERISTEIN TYPE), CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1940	AFO, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL AFO, SPIRAL, (IRM TYPE), PLASTIC, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1950	AFO, SPIRAL, (IRM TYPE), PLASTIC, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR BK ORHTOSIS), CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2000	KAFO, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCECONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2020	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2030	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR AK ORTHOSIS), WO/ KNEE JOINT, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREEMOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTIONANKLE, CUSTOM FABRICATEDMOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WIT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2036	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2038	KAFO, FULL PLASTIC, WO/ KNEE JOINT, MULTI-AXIX ANKLE, MOLDED TO PATIENT MODEL (LIVELY ORHTOSIS OR EQUAL), CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2060	HKAFO TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L2999	LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFTINTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTINTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS,ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENTELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRISTOR ELBOW, CONCENTRIC ADJUSTABLE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3900	WHFO, DYNAMIC FLEXOR HINGE; RECIPROCAL WRIST EXTENSION/FLEXION, FINGER F EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3901	WHFO, DYNAMIC FLEXOR HINGE; RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3904	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENTFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAYINCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING ANDADJUSTMENTINCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING ANDAD	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTTHORACIC COMPONENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORENONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE,STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTNONTORSION JOINTS, EL	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS,ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT. MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT.	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT (DESIGN). T	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT. MORE NONTORSION	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT.	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5050	ANKLE SYMES, MOLDED SOCKET, SACH FOOT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5060	ANKLE SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5105	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5160	KNEE DISARTICULATION (OR THROUGH, KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS SHIN, SACH FOOT.	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5647	Addition to lower extremity, below knee suction socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Letter of medical necessity, including condition being treated.	Prior to 9/1/2019
L5700	Replacement, socket, below knee, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5707	Custom shaped protective cover, hip disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5910	Addition, endoskeletal system, below knee, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5930	Addition, endoskeletal system, high activity knee control frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5980	All lower extremity prostheses, flex foot system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6000	Partial hand, thumb remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6010	Partial hand, little and/or ring finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6020	Partial hand, no finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019



CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6910	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Prior to 9/1/2019
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7008	Electric hand, switch or myoelectric, controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7040	Prehensile actuator, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7170	Electronic elbow, hosmer or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7186	Electronic elbow, child, variety village or equal, switch controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L7499	Upper Extremity prosthesis, not otherwise specified	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L8041	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Prior to 9/1/2019
L8042	Orbital prosthesis, provided by a non-physician	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8043	Upper facial prosthesis, provided by a non-physician	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8044	Hemi-facial prosthesis, provided by a non-physician	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8045	Auricular prosthesis, provided by a non-physician	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing impairment.	Prior to 9/1/2019
L8627	Cochlear implant, external speech processor, component, replacement	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8628	Cochlear implant, external controller component, replacement	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
L8631	Metacarpal phalangeal joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Letter of Medical Necessity, including condition being treated.	11/1/2019
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Letter of Medical Necessity, including condition being treated.	11/1/2019
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	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
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
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
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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
M0076	Prolotherapy	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q2017	Injection, teniposide, 50 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q2041	Yescarta	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2042	Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
Q2053	Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q2054	Lisocabtagene Maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
Q4131	Epifix, per square centimeter (Human amniotic membrane	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
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	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg. New code effective 4/1/18 previously coded J3590, Go live 11/1/17	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5106	epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5107	Bevacizumab-awwb	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5111	Pegfilgrastim-cbqv	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5112	Trastuzumab-dttb	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5113	Trastuzumab-pkrb	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5114	Trastuzumab-dkst	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5115	Rituximab-abbs	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
Q5116	Trastuzumab-qyyp	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	10/1/2019
Q5117	Trastuzumab-anns	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	10/1/2019
Q5118	Bevacizumab-bvzr	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	10/1/2019
Q5119	Rituximab-pvvr OR Ruxience	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2021
Q5120	Pegfilgrastim-bmez OR Ziextenzo	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2021
Q5121	infliximab-axxq	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	4/1/2021
Q5122	Nyvepria	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	10/1/2021
S0013	Spravato	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	10/1/2021
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
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
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	1/1/2020
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3841	Genetic testing for retinoblastoma	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3842	Genetic testing for von hippel-lindau disease	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3845	Genetic testing for alpha-thalassemia	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3846	Genetic testing for hemoglobin e beta-thalassemia	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3850	Genetic testing for sickle cell anemia	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
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
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S8037	Magnetic resonance cholangiopancreatography (mrCP)	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S8042	Magnetic resonance imaging (mri), low-field	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (nondedicated PET scan)	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
S9152	Speech therapy, re-evaluation	eviCore - 1-855-252-1117 or <a href="https://www.evicore.com/healthplan/bcbs">https://www.evicore.com/healthplan/bcbs</a>	Prior to 9/1/2019
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
V2623	Prosthetic eye, plastic, custom	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019
V2627	Scleral cover shell	Letter of Medical Necessity, including condition being treated.	Prior to 9/1/2019

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Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the appropriate number on the member's ID card.

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