



BlueCross BlueShield
of Texas

**Texas Medicaid Benefit Preauthorization
Procedure Code List,
Effective 7/1/2024, Revised 3/26/2024**

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
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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

BCBSTX Medicaid Benefit Prior Authorization Procedure Code List Effective 07/01/2024

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

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

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

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

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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
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
22999	ABDOMEN SURGERY PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Prior to 9/1/2019
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
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

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	NJX NONCMPND SCLRSNT MLT VN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	1/1/2020
36471	NJX SCLRSNT MLT INCMPTNT VN	Pre-operative evaluation, history and physical including functional impairment, 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/OCCLUDE 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

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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
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
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Prior to 9/1/2019

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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
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

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

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57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.	Prior to 9/1/2019
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Prior to 9/1/2019
65710	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65730	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65750	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65755	CORNEAL TRANSPLANT	Pre-operative evaluation, history and physical and operative report.	Prior to 9/1/2019
65756	CORNEAL TRNSPL ENDOTHELIAL	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

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67908	REPAIR EYELID DEFECT	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
69716	Implantation, osseointegrated implant, skull	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Added 1/1/2023
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Prior to 9/1/2019
69719	Revision or replacement osseointegrated implant, skull	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Added 1/1/2023
69726	Removal, osseointegrated implant, skull	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Added 1/1/2023
69727	Removal, osseointegrated implant, skull	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Added 1/1/2023
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Prior to 9/1/2019
77520	Proton treatment delivery; simple, without compensation	Submit history and physical, documentation of medical necessity.	Internal 1/1/24
77522	Proton treatment delivery; simple, with compensation	Submit history and physical, documentation of medical necessity.	Internal 1/1/24
77523	Proton treatment delivery; intermediate	Submit history and physical, documentation of medical necessity.	Internal 1/1/24
77525	Proton treatment delivery; complex	Submit history and physical, documentation of medical necessity.	Internal 1/1/24
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.	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
97039	Unlisted modality (specify type and time if constant attendance)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97139	Unlisted therapeutic procedure (specify)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97150	Therapeutic procedure(s), group (2 or more individuals)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97151	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97153	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97154	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97155	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97156	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97158	Applied Behavioral Health (Allowable only for members 20 years of age or younger)	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremit(ies), lower extremit(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97761	Prosthetic(s) training, upper and/or lower extremit(ies), initial prosthetic(s) encounter, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
97763	Orthotic(S)/Prosthetic(S) Management And/Or Training, Upper Extremity(Ies), Lower Extremity(Ies), And/Or Trunk, Subsequent Orthotic(S)/Prosthetic(S) Encounter, Each 15 Minutes	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
0537T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022
0538T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022
0539T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
0540T	Cellular Therapy Procedures Ancillary Code	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0433	Advanced life support, level 2 (als 2)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A0436	Rotary wing air mileage, per statute mile	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
C9047	aTTP	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
C9055	Zulresso is indicated for the treatment of postpartum depression (PPD) in adults.	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
C9076	Lisocabtagene maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2022
C9257	Injection, bevacizumab, 0.25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
C9399	Sunlenca (lenscapavir), Briumvi (ublituximab-xily), Skyrizi (risankizumab), Unclassified drugs or biologicals- aTTP, Other, ADA-SCID, Treatment-resistant depression, Other, (PKU) with uncontrolled blood phenylalanine concentrations greater than 600 micromol/L on existing management, PNH	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
E0194	Air fluidized bed	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0271	Mattress, innerspring	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0635	Patient lift, electric with seat or sling	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E0784	External ambulatory infusion pump, insulin	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1310	Whirlpool, nonportable (built-in type)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E1399	Durable medical equipment, miscellaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2021
E2101	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2021
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2020
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Recent history and physical, plan of care, and documentation of medical necessity.	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)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
H0001	Alcohol and/or drug assessment	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
H0010	Intensive Outpatient Program for Substance Abuse	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
H0015	Alcohol and/or drug services; intensive outpatient	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
H0035	Partial Hospitalization	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
H2023	Employment Services - LTSS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
H2025	Employment Services - LTSS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
H2036	Substance Abuse Residential Services	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2024
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0172	Injection, aducanumab-avwa, 2 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0174	Leqembi	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J0178	Injection, aflibercept, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0179	Injection, brolocizumab-dbl, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0180	Injection, agalsidase beta, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0202	Injection, alemtuzumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0222	Onpattro	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0223	Givosiran	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0224	Inj. lumasiran, 0.5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0248	Inj, remdesivir, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0364	Injection, apomorphine hydrochloride, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0490	Injection, belimumab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0517	Fasenra	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0565	Zinplava 1000 MG/40ML SOLN J0565 Injection, bezlotoxumab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0584	Crysvita	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0585	Injection, onabotulinumtoxin, 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0586	Injection, abobotulinumtoxina, 5 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0587	Injection, rimabotulinumtoxinb, 100 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0588	Injection, incobotulinumtoxin a, 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0606	5 MG/ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 2.5 MG/0.5ML SOLN J0606 Injection, etelcalcetide, 0.1 mg and 10 MG/2ML SOLN J0606 Injection, etelcalcetide, 0.1	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0638	Injection, canakinumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0739	Injection, cabotegravir 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0741	Inj, cabote rilpivir 2mg 3mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0791	Crizanlizumab-tmca (Adakveo)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0800	Injection, corticotropin, up to 40 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) Non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units Non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1000	Depo-estradiol cypionate inj	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1071	Inj testosterone cypionate	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1300	Injection, eculizumab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1301	Radicava	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1303	Ultomiris	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1305	Inj, evinacumab-dgnb, 5mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1306	Injection, inclisiran, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1322	Injection, elosulfase alfa, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1325	Injection, epoprostenol, 0.5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1380	Estradiol valerate 10 mg inj	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1411	Hemmens	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1412	Roctavian	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1413	Elevidys	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J1427	Viltepso	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1428	500 MG/10ML SOLN J1428 Injection, eteplirsen, 10 mg and Exondys 51 100 MG/2ML SOLN J1428 Injection, eteplirsen, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1429	Golodirsen/Vyondys	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1458	Injection, galsulfase, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1551	Inj cutaquig 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1554	Asceniv	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1555	Injection, immune globulin, 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1556	Injection, immune globulin (bivigam), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1557	Injection, immune globulin, (gammaplex), intravenous, non- lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1558	Inj. xembify, 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1559	Injection, immune globulin (hizentra), 100 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1599	Immune Globulin, not otherwise , specified, Panzyga	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1602	Injection, golimumab, 1 mg, for intravenous use	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1632	Brexanolone	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1743	Injection, idursulfase, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1745	Injection infliximab, 10 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1746	Trogarzo	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1786	Injection, imiglucerase, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1823	Uplizna	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J1931	Injection, laronidase, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J1950	Leuprolide acetate /3.75 mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J1951	Inj fensolvi 0.25 mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J2182	100 MG SOLR J2182 Injection, mepolizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2323	Injection, natalizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2326	Injection, nusinersen, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2327	Inj risankizumab-rzaa 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2350	300 MG/10ML SOLN J2350 Injection, ocrelizumab, 1 mg. New code effective 1/1/18 previously coded J3590 Go live was 11/1/17	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2356	Inj tezepelumab-ekko, 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2357	Injection, omalizumab, 5 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2502	Injection, pasireotide long acting, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2507	Injection, pegloticase, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2778	Injection, ranibizumab, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2786	100 MG/10ML SOLN J2786 Injection, reslizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2793	Injection, riloncept, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2796	Injection, romiplostim, 10 micrograms	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J2840	Kanuma 20 MG/10ML SOLN J2840 Injection, sebelipase alfa, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J2998	Inj plasminogen tvmh 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3032	Eptinezumab-jjmr (Vyepti)	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3060	Injection, taliglucerase alfa, 10 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3111	Evenity	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3121	Inj testostero enanthate 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J3145	Testosterone undecanoate 1mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J3241	Teprotumumab-trbw	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3245	Ilumya	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3262	Injection, tocilizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3285	Injection, treprostinil, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3304	Zilretta	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3315	Triptorelin pamoate	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J3316	Triptodur	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J3357	Stelara 45 MG/0.5ML SOLN J3357 Ustekinumab, for subcutaneous injection, 1 mg and Stelara 90 MG/ML SOSY J3357 Ustekinumab, for subcutaneous injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3358	Stelara 130 MG/26ML SOLN J3358 Ustekinumab, for intravenous injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3380	Injection, vedolizumab, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3385	Injection, velaglucerase alfa, 100 units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3397	Mepsevii	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3398	Luxturna	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3399	Zolgensma	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3401	Vvjuek	Recent history and physical, plan of care, and documentation of medical necessity.	Added 7/1/2024
J3490	Unclassified drugs Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3580	Tziold	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J3590	Unclassified biologic Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7316	Injection, ocriplasmin, 0.125 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7318	Durolane	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7322	24 MG/3ML SOSY J7322 Hyaluronan or derivative, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7329	TriVisc	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7331	Synojynt	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7333	Visco-3	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7352	Scenesse	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J7353	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
J9155	Degarelix injection	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J9216	Injection, interferon, gamma 1-b, 3 million units	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9217	Leuprolide acetate suspension	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J9218	Leuprolide acetate injection	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
J9226	Histrelin implant (supprelin la), 50 mg	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9312	Rituxan Non-oncology use	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9332	Vyvgart	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
J9999	Unclassified, non-oncology use	Recent history and physical, plan of care, and documentation of medical necessity.	Added internal 1/1/24
K0004	High strength, lightweight wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0006	Heavy-duty wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0007	Extra heavy-duty wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0008	Custom manual wheelchair/base	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0009	Other manual wheelchair/base	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0010	Standard-weight frame motorized/power wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0013	Custom motorized/power wheelchair base	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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, PRODUCESINTRA	Recent history and physical, plan of care, and documentation of medical necessity.	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, PRODUCES INTRACAVITARY PRESSURE TOREDUCE LO	Recent history and physical, plan of care, and documentation of medical necessity.	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, PRODUCES INTRACAVITARY PRESSURE TOREDUCE LO	Recent history and physical, plan of care, and documentation of medical necessity.	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, PRODUCES INTRACAVITARY PRESSURE TO R	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBR	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0700	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, W/ INTERFACE MATERIAL, (MINERVA TYPE)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGSAND PINS, ANY MATERIALAND PINS, ANY MATERIAL	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L1000	CTLSO FOR SCOLIOSIS (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL (TACHDIJAN TYPE), CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1730	LEGG PERTHES ORTHOSIS, SCOTTISH RITEN TYPE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1755	LEG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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,	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, W/ ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1920	AFO, SINGLE UPRIGHT W/ STATIC OR ADJUSTABLE STOP (PHELPS OR PERISTEIN TYPE), CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1950	AFO, SPIRAL, (IRM TYPE), PLASTIC, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR BK ORHTOSIS), CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L2036	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2060	HKAFO TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRISTOR ELBOW, CONCENTRIC ADJUSTABLE	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3900	WHFO, DYNAMIC FLEXOR HINGE; RECIPROCAL WRIST EXTENSION/FLEXION, FINGER F EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3901	WHFO, DYNAMIC FLEXOR HINGE; RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3904	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENTFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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 ADJUSTMENT THORACIC COMPONENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NON TORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT NON TORSION JOINTS, EL	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NON TORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
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 FI	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANEDESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFTINTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTDESIGN), T	Recent history and physical, plan of care, and documentation of medical necessity.	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 ADJUSTMENTMORE NONTORSIO	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANEDESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSIONJOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFA	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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 SPECIFI	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5050	ANKLE SYMES, MOLDED SOCKET, SACH FOOT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5060	ANKLE SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5105	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5150	KNEE DISARTICULATION, (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5160	KNEE DISARTICULATION (OR THROUGH, KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS SHIN, SACH FOOT.	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5647	Addition to lower extremity, below knee suction socket	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5700	Replacement, socket, below knee, molded to patient model	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5707	Custom shaped protective cover, hip disarticulation	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5930	Addition, endoskeletal system, high activity knee control frame	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5980	All lower extremity prostheses, flex foot system	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6000	Partial hand, thumb remaining	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6010	Partial hand, little and/or ring finger remaining	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6020	Partial hand, no finger remaining	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6624	Upper extremity addition, flexion/extension	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Recent history and physical, plan of care, and documentation of medical necessity.	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)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L6920	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
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	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7040	Prehensile actuator, switch controlled	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7045	Electric hook, switch or myoelectric controlled, pediatric	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7170	Electronic elbow, hosmer or equal, switch controlled	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7186	Electronic elbow, child, variety village or equal, switch controlled	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7259	Electronic wrist rotator, any type	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L7499	Upper Extremity prosthesis, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8041	Midfacial prosthesis, provided by a nonphysician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8042	Orbital prosthesis, provided by a non-physician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8043	Upper facial prosthesis, provided by a non-physician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8044	Hemi-facial prosthesis, provided by a non-physician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8045	Auricular prosthesis, provided by a non-physician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8046	Partial facial prosthesis, provided by a nonphysician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8047	Nasal septal prosthesis, provided by a nonphysician	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
L8627	Cochlear implant, external speech processor, component, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8628	Cochlear implant, external controller component, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	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)	Recent history and physical, plan of care, and documentation of medical necessity.	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	Recent history and physical, plan of care, and documentation of medical necessity.	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

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	11/1/2019
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

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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	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Prior to 9/1/2019
Q2041	Yescarta	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022
Q2042	Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q2053	Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022
Q2054	Lisocabtagene Maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2022
Q2055	Idecabtagene vicleuce	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/2023
Q2056	Ciltacabtagene car-pos t	Recent history and physical, plan of care, and documentation of medical necessity.	Added 4/1/2023

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	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	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. New code effective 4/1/18 previously coded Q5102 which was deleted 3/31/18 Went live 11/1/17	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg. New code effective 4/1/18 previously coded J3590, Go live 11/1/17	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5106	epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units Non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5115	Rituximab-abbs Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5119	Rituximab-pvvr OR Ruxience Non Oncology	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5121	infliximab-axxq	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
Q5123	rituximab-arrx non-oncology	Recent history and physical, plan of care, and documentation of medical necessity.	Added 1/1/24
S0013	Spravato	Recent history and physical, plan of care, and documentation of medical necessity.	BCBSTX review effective 5/1/2024
S0189	Testosterone pellet 75 mg	Recent history and physical, plan of care, and documentation of medical necessity.	4/1/2024
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment	Recent history and physical, plan of care, and documentation of medical necessity.	1/1/2020
S5101	Adult Day care - LTSS	3-6 Hours = 1 unit, over 6 Hours = 2 units	Prior to 9/1/2019

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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required	Effective Date
S5160	Electronic Home Response - Installation	1 unit per service	Prior to 9/1/2019
S5161	Electronic Home Response - Monthly Rent	1 month = 1 unit	Prior to 9/1/2019
S5165	Home Modifications, per service	1 unit per service	Prior to 9/1/2019
S9480	Intensive Outpatient Program for Mental Health	Letter of Medical Necessity, including condition being treated.	1/1/2024
T1000	Private Duty Nursing - LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T1005	Respite - Homemaker LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T1019	Personal Care Assistant LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T1025	Prescribed Pediatric Care - LTSS	4.25 hours or more =1 unit	Prior to 9/1/2019
T1026	Prescribed Pediatric Care - LTSS	1 hour= 1 unit	Prior to 9/1/2019
T2002	Prescribed Pediatric Care - LTSS	1 day = 1 unit	Prior to 9/1/2019
T2027	Out of Home Respite - LTSS	15 minutes= 1 unit	Prior to 9/1/2019
T2028	Adaptive Aids - LTSS	1 unit per service	Prior to 9/1/2019
T2029	Adaptive Aids - LTSS	1 unit per service	Prior to 9/1/2019
T2038	Transistion Assistance Services- LTSS	1 unit per service	Prior to 9/1/2019
T2039	Adaptive Aids - LTSS	1 unit per service	Prior to 9/1/2019
T2040	Financial Management Services - LTSS	Monthly fee	Prior to 9/1/2019
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

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

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