



BlueCross BlueShield of New Mexico

**New Mexico Medicaid Benefit Preauthorization
Procedure Code List Effective 1/1/2020
(Updated 9/25/2019)**

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. **Green highlighted codes are managed by eviCore healthcare (eviCore).**

Utilization Management Process
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CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
01990	SUPPORT FOR ORGAN DONOR	Recent history and physical, plan of care, and documentation of medical necessity.
11920	CORRECT SKIN COLOR 6.0 CM/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11921	CORRECT SKN COLOR 6.1-20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.
11970	REPLACE TISSUE EXPANDER	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15002	WOUND PREP TRK/ARM/LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
15003	WOUND PREP ADDL 100 CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15004	WOUND PREP F/N/HF/G	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15005	WND PREP F/N/HF/G ADDL CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15220	SKN SPLT A-GRFT FAC/NCK/HF/G	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15776	HAIR TRNSPL >15 PUNCH GRAFTS	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15786	ABRASION LESION SINGLE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15787	ABRASION LESIONS ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15833	EXCISE EXCESSIVE SKIN LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15838	EXCISE EXCESS SKIN FAT PAD	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17340	CRYOTHERAPY OF SKIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17360	SKIN PEEL THERAPY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17380	HAIR REMOVAL BY ELECTROLYSIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19020	INCISION OF BREAST LESION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19120	REMOVAL OF BREAST LESION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19300	MASTECTOMY GYNECOMASTIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19301	PARTIAL MASTECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19303	MAST SIMPLE COMPLETE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19304	MAST SUBQ	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19340	IMMEDIATE BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19355	CORRECT INVERTED NIPPLE(S)	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19380	BREAST RECONSTRUCTION	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
20983	ABLATE BONE TUMOR(S) PERQ	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
20985	CPTR-ASST DIR MS PX	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
21083	PREPARE FACE/ORAL PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21085	PREPARE FACE/ORAL PROSTHESIS	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21120	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21121	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21122	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21123	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21125	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21127	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21138	REDUCTION OF FOREHEAD	History and physical, documentation of medical necessity and previous stages of reconstruction if done.
21141	LEFORT I-1 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
21142	LEFORT I-2 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21143	LEFORT I-3/> PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21145	LEFORT I-1 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21146	LEFORT I-2 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21147	LEFORT I-3/> PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21150	LEFORT II ANTERIOR INTRUSION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21151	LEFORT II W/BONE GRAFTS	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21154	LEFORT III W/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21155	LEFORT III W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21159	LEFORT III W/FHDW/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21160	LEFORT III W/FHD W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21188	RECONSTRUCTION OF MIDFACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21193	RECONST LWR JAW W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21194	RECONST LWR JAW W/GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21195	RECONST LWR JAW W/O FIXATION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21196	RECONST LWR JAW W/FIXATION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21198	RECONSTR LWR JAW SEGMENT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21199	RECONSTR LWR JAW W/ADVANCE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
21206	RECONSTRUCT UPPER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21208	AUGMENTATION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21209	REDUCTION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21243	ARTHROPLASTY, TMJ	Submit history and physical, documentation of medical necessity including operative report.
21244	RECONSTRUCTION OF LOWER JAW	Submit history and physical, documentation of medical necessity including operative report.
21245	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.
21246	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical necessity including operative report.
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical necessity including operative report.
22505	MANIPULATION OF SPINE	Submit history and physical, documentation of medical necessity including operative report.
22864	REMOVE CERV ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.
22865	REMOVE LUMB ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.
24587	TREAT ELBOW FRACTURE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25310	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25312	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
26480	TRANSPLANT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26483	TRANSPLANT/GRAFT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26485	TRANSPLANT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26489	TRANSPLANT/GRAFT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27279	ARTHRODESIS SACROILIAC JOINT	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
27280	FUSION OF SACROILIAC JOINT	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
27396	TRANSPLANT OF THIGH TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27397	TRANSPLANTS OF THIGH TENDONS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27405	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27407	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27409	REPAIR OF KNEE LIGAMENTS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27445	REALIGNMENT OF KNEE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27557	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27558	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27690	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27691	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27692	REVISE ADDITIONAL LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28292	CORRECTION HALLUX VALGUS	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30120	REVISION OF NOSE	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30801	ABLATE INF TURBINATE SUPERF	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31600	INCISION OF WINDPIPE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31830	REVISE WINDPIPE SCAR	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32850	DONOR PNEUMONECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
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.
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.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
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.
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.
32855	PREPARE DONOR LUNG SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32856	PREPARE DONOR LUNG DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.
33933	PREPARE DONOR HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33944	PREPARE DONOR HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
35879	REVISE GRAFT W/VEIN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
36468	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36469	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36476	ENDOVENOUS RF VEIN ADD-ON	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37243	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37500	ENDOSCOPY LIGATE PERF VEINS	Pre-operative evaluation, history and physical and operative report.
37700	REVISE LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37718	LIGATE/STRIP SHORT LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37722	LIGATE/STRIP LONG LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37735	REMOVAL OF LEG VEINS/LESION	Pre-operative evaluation, history and physical and operative report.
37760	LIGATE LEG VEINS RADICAL	History and physical and operative report.
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.
37765	STAB PHLEB VEINS XTR 10-20	Pre-operative evaluation, history and physical and operative report.
37766	PHLEB VEINS - EXTREM 20+	Pre-operative evaluation, history and physical and operative report.
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and operative report.
37799	VASCULAR SURGERY PROCEDURE	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
38204	BL DONOR SEARCH MANAGEMENT	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38205	HARVEST ALLOGENEIC STEM CELL	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38208	THAW PRESERVED STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
38210	T-CELL DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38211	TUMOR CELL DEplete OF HARVST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38213	PLATELET DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38214	VOLUME DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38215	HARVEST STEM CELL CONCENTRTE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
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.
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.
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.
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.
40700	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40701	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40702	REPAIR CLEFT LIP/NASAL	History and physical and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
40720	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40761	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40820	TREATMENT OF MOUTH LESION	History and physical and operative report.
41120	PARTIAL REMOVAL OF TONGUE	History and physical and operative report.
41512	TONGUE SUSPENSION	History and physical and operative report.
41530	TONGUE BASE VOL REDUCTION	History and physical, including sleep study results, results of CPAP trial.
42140	EXCISION OF UVULA	History and physical and operative report.
42145	REPAIR PALATE PHARYNX/UVULA	History and physical, including sleep study results, results of CPAP trial.
42200	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42205	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42210	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42215	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42220	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42225	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42836	REMOVAL OF ADENOIDS	History and Physical, Operative report
43112	ESPHG TOT W/THRCM	History and physical and operative report.
43121	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43122	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43236	UPPR GI SCOPE W/SUBMUC INJ	History and physical and operative report.
43252	EGD OPTICAL ENDOMICROSCOPY	History and physical and operative report.
43257	EGD W/THRML TXMNT GERD	History and physical and operative report.
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43645	LAP GASTR BYPASS INCL SMLL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
43774	LAP RMVL GASTR ADJ ALL PARTS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43842	V-BAND GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43887	REMOVE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
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.
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
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.
44137	REMOVE INTESTINAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44715	PREPARE DONOR INTESTINE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44720	PREP DONOR INTESTINE/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44721	PREP DONOR INTESTINE/ARTERY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
46760	REPAIR OF ANAL SPHINCTER	History and physical and procedure report.
47120	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47122	EXTENSIVE REMOVAL OF LIVER	History and physical and procedure report.
47125	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47130	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47133	REMOVAL OF DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
47140	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47141	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47142	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
47143	PREP DONOR LIVER WHOLE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47144	PREP DONOR LIVER 3-SEGMENT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47145	PREP DONOR LIVER LOBE SPLIT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47146	PREP DONOR LIVER/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47147	PREP DONOR LIVER/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47370	LAPARO ABLATE LIVER TUMOR RF	History and physical, procedure report.
47399	LIVER SURGERY PROCEDURE	History and physical, procedure report.
47420	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47425	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47560	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.
47561	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Submit History and Physical, documentation of medical necessity, operative report
47579	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.
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.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
48550	DONOR PANCREATECTOMY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48551	PREP DONOR PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48552	PREP DONOR PANCREAS/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
48556	REMOVAL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50300	REMOVE CADAVER DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50320	REMOVE KIDNEY LIVING DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50325	PREP DONOR RENAL GRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50327	PREP RENAL GRAFT/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50328	PREP RENAL GRAFT/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50329	PREP RENAL GRAFT/URETERAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50340	REMOVAL OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
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.
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.
50370	REMOVE TRANSPLANTED KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
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.
50544	LAPAROSCOPY PYELOPLASTY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50547	LAPARO REMOVAL DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant
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.
51580	REMOVE BLADDER/REVISE TRACT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical necessity, operative report.
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical necessity, operative report.
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.
54125	REMOVAL OF PENIS	Submit history and physical, documentation of medical necessity, operative report.
54240	PENIS STUDY	Submit History and Physical, documentation of medical necessity, operative report
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54416	REMOV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.
54417	REMOV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, operative report.
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, operative report.
56356	HYSTEROSCOPY SURG; W/ENDOMETRIAL ABLATION	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical necessity, operative report.
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.
58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
58260	VAGINAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58262	VAG HYST INCLUDING T/O	Submit history and physical, documentation of medical necessity, operative report.
58275	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.
58280	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58350	REOPEN FALLOPIAN TUBE	Recent history and physical, plan of care, and documentation of medical necessity.
58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.
58550	LAPARO-ASST VAG HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical, documentation of medical necessity, operative report.
58553	LAPARO-VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical necessity, operative report.
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical necessity, operative report.
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.
59897	FETAL INVAS PX W/US	Submit History and Physical, documentation of medical necessity including operative report.
60512	AUTOTRANSPLANT PARATHYROID	Submit history and physical, documentation of medical necessity including operative report.
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical necessity including operative report.
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical necessity including operative report.
63688	REVISE/REMOVE NEURORECEIVER	Submit history and physical, documentation of medical necessity.
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.
64575	IMPLANT NEUROELECTRODES	Submit History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report.
64580	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.
64590	INSRT/REDO PN/GASTR STIMUL	Submit History and Physical, documentation of medical necessity including operative report.
64633	DESTROY CERV/THOR FACET JNT	Submit history and physical, documentation of medical necessity.
64634	DESTROY C/TH FACET JNT ADDL	Submit history and physical, documentation of medical necessity.
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67908	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
69300	REVISE EXTERNAL EAR	Letter of medical necessity, including condition being treated.
69604	MASTOID SURGERY REVISION	Pre-operative evaluation, history and physical and operative report.
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.
69715	TEMPLE BNE IMPLNT W/STIMULAT	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69718	REVISE TEMPLE BONE IMPLANT	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
70557	MRI BRAIN W/O DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70558	MRI BRAIN W/DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70559	MRI BRAIN W/O & W/DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
72275	EPIDUROGRAPHY	Submit History and Physical, documentation of medical necessity
76873	ECHOGRAP TRANS R PROS STUDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
76965	ECHO GUIDANCE RADIOTHERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77014	CT SCAN FOR THERAPY GUIDE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77261	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
77262	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77263	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77280	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77285	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77290	SET RADIATION THERAPY FIELD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77293	RESPIRATOR MOTION MGMT SIMUL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77295	3-D RADIOTHERAPY PLAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77299	RADIATION THERAPY PLANNING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77300	RADIATION THERAPY DOSE PLAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77301	RADIOTHERAPY DOSE PLAN IMRT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77306	TELETHX ISODOSE PLAN SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77307	TELETHX ISODOSE PLAN CPLX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77316	BRACHYTX ISODOSE PLAN SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77317	BRACHYTX ISODOSE INTERMED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77318	BRACHYTX ISODOSE COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77321	SPECIAL TELETX PORT PLAN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77331	SPECIAL RADIATION DOSIMETRY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77332	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77333	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77334	RADIATION TREATMENT AID(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77336	RADIATION PHYSICS CONSULT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77338	DESIGN MLC DEVICE FOR IMRT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77370	RADIATION PHYSICS CONSULT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77371	SRS MULTISOURCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77372	SRS LINEAR BASED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77373	SBRT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77385	NTSTY MODUL RAD TX DLVR SMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77386	NTSTY MODUL RAD TX DLVR CPLX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77387	GUIDANCE FOR RADJ TX DLVR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77399	EXTERNAL RADIATION DOSIMETRY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77401	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77402	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77407	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77412	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77417	RADIOLOGY PORT IMAGES(S)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77423	NEUTRON BEAM TX COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
77424	IO RAD TX DELIVERY BY X-RAY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77425	IO RAD TX DELIVER BY ELCTRNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77427	RADIATION TX MANAGEMENT X5	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77431	RADIATION THERAPY MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77432	STEREOTACTIC RADIATION TRMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77435	SBRT MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77469	IO RADIATION TX MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77470	SPECIAL RADIATION TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77499	RADIATION THERAPY MANAGEMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77520	PROTON TRMT SIMPLE W/O COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77523	PROTON TRMT INTERMEDIATE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77525	PROTON TREATMENT COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77600	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77605	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77610	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77615	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77620	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77750	INFUSE RADIOACTIVE MATERIALS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77761	APPLY INTRCAV RADIAT SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77762	APPLY INTRCAV RADIAT INTERM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77763	APPLY INTRCAV RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77767	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77768	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77778	APPLY INTERSTIT RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77789	APPLY SURF LDR RADIONUCLIDE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77790	RADIATION HANDLING	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77799	RADIUM/RADIOISOTOPE THERAPY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
79005	NUCLEAR RX ORAL ADMIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
79101	NUCLEAR RX IV ADMIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
79403	HEMATOPOIETIC NUCLEAR TX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81173	AR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81174	AR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81185	CACNA1A	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81186	CACNA1A	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81189	CSTB	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81190	CSTB	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81200	ASPA GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81201	APC GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81202	APC GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81203	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81205	BCKDHB GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81212	BRCA1&2 185&5385&6174 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81215	BRCA1 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81216	BRCA2 GENE FULL SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81217	BRCA2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81221	CFTR GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81222	CFTR GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81223	CFTR GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81225	CYP2C19 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81226	CYP2D6 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81227	CYP2C9 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81228	CYTOGEN MICRARRAY COPY NMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81229	CYTOGEN M ARRAY COPY NO&SNP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81230	CYP3A4 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81231	CYP3A5 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81232	DPYD GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81238	F9 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81248	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81249	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81252	GJB2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81253	GJB2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81257	HBA1/HBA2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81258	HBA1/HBA2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81259	HBA1/HBA2 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81283	IFNL3 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81286	FXN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81291	MTHFR GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81292	MLH1 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81295	MSH2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81296	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81298	MSH6 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81299	MSH6 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81302	MECP2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81303	MECP2 GENE KNOWN VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81304	MECP2 GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81306	NUDT15	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81313	PCA3/CLK3 ANTIGEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81317	PMS2 GENE FULL SEQ ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81318	PMS2 KNOWN FAMILIAL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81321	PTEN GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81323	PTEN GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81325	PMP22 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81326	PMP22 GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81328	SLCO1B1 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81335	TPMT GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81336	SMN1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81337	SMN1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81346	TYMS GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81350	UGT1A1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81355	VKORC1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81361	HBB GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81363	HBB GENE DUP/DEL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81364	HBB FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81400	MOPATH PROCEDURE LEVEL 1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81401	MOPATH PROCEDURE LEVEL 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81402	MOPATH PROCEDURE LEVEL 3	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81403	MOPATH PROCEDURE LEVEL 4	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81404	MOPATH PROCEDURE LEVEL 5	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81405	MOPATH PROCEDURE LEVEL 6	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81406	MOPATH PROCEDURE LEVEL 7	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81407	MOPATH PROCEDURE LEVEL 8	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81408	MOPATH PROCEDURE LEVEL 9	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81410	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81411	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81412	ASHKENAZI JEWISH ASSOC DIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81413	CAR ION CHNNLPATH INC 10 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81414	CAR ION CHNNLPATH INC 2 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81415	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81416	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81417	EXOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81422	FETAL CHRMOML MICRODELTA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81425	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81426	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81427	GENOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81430	HEARING LOSS SEQUENCE ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81431	HEARING LOSS DUP/DEL ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81432	HRDRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81433	HRDRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81434	HEREDITARY RETINAL DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81435	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81436	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81437	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81438	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81439	HRDRY CARDMPY GENE PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81440	MITOCHONDRIAL GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81442	NOONAN SPECTRUM DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81443	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81445	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81448	HRDRY PERPH NEURPHY PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81450	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81455	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81460	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81465	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81470	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81471	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81479	UNLISTED MOLECULAR PATHOLOGY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81490	AUTOIMMUNE RHEUMATOID ARTHR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81493	COR ARTERY DISEASE MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81500	ONCO (OVAR) TWO PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81503	ONCO (OVAR) FIVE PROTEINS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81504	ONCOLOGY TISSUE OF ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81507	FETAL ANEUPLOIDY TRISOM RISK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81518	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81519	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81520	ONC BREAST MRNA 58 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81521	ONC BREAST MRNA 70 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81525	ONCOLOGY COLON MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81535	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81536	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81538	ONCOLOGY LUNG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81539	ONCOLOGY PROSTATE PROB SCORE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81540	ONCOLOGY TUM UNKNOWN ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81541	ONC PROSTATE MRNA 46 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81545	ONCOLOGY THYROID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81551	ONC PROSTATE 3 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81595	CARDIOLOGY HRT TRNSPL MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81596	NFCT DS CHRNC HCV 6 ASSAYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81599	UNLISTED MAAA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
84999	CLINICAL CHEMISTRY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
86890	AUTOLOGOUS BLOOD PROCESS	Submit documentation to describe the test, records from related office visit, history and physical.
86891	AUTOLOGOUS BLOOD OP SALVAGE	Submit documentation to describe the test, records from related office visit, history and physical.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
88233	TISSUE CULTURE SKIN/BIOPSY	Recent history and physical, plan of care, and documentation of medical necessity.
88235	TISSUE CULTURE PLACENTA	Recent history and physical, plan of care, and documentation of medical necessity.
88261	CHROMOSOME ANALYSIS 5	Recent history and physical, plan of care, and documentation of medical necessity.
88262	CHROMOSOME ANALYSIS 15-20	Recent history and physical, plan of care, and documentation of medical necessity.
88263	CHROMOSOME ANALYSIS 45	Recent history and physical, plan of care, and documentation of medical necessity.
89300	SEMEN ANALYSIS W/HUHNER	Recent history and physical, plan of care, and documentation of medical necessity.
89310	SEMEN ANALYSIS W/COUNT	Recent history and physical, plan of care, and documentation of medical necessity.
89320	SEMEN ANAL VOL/COUNT/MOT	Recent history and physical, plan of care, and documentation of medical necessity.
89325	SPERM ANTIBODY TEST	Recent history and physical, plan of care, and documentation of medical necessity.
89330	EVALUATION CERVICAL MUCUS	Recent history and physical, plan of care, and documentation of medical necessity.
90283	HUMAN IG IV	Recent history and physical, plan of care, and documentation of medical necessity.
90284	HUMAN IG SC	Recent history and physical, plan of care, and documentation of medical necessity.
90288	BOTULISM IG IV	Recent history and physical, plan of care, and documentation of medical necessity.
90291	CMV IG IV	Recent history and physical, plan of care, and documentation of medical necessity.
90378	RSV MAB IM 50MG	Recent history and physical, plan of care, and documentation of medical necessity.
90870	ELECTROCONVULSIVE THERAPY	History and physical, chart notes from ordering physician, treatment plan.
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Recent history and physical, plan of care, and documentation of medical necessity.
92507	SPEECH/HEARING THERAPY	History and physical, family history, clinical documentation supporting testing

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
92584	ELECTROCOCHLEOGRAPHY	Recent history and physical, plan of care, and documentation of medical necessity.
92601	COCHLEAR IMPLT F/UP EXAM <7	Recent history and physical, plan of care, and documentation of medical necessity.
92602	REPROGRAM COCHLEAR IMPLT <7	Recent history and physical, plan of care, and documentation of medical necessity.
92603	COCHLEAR IMPLT F/UP EXAM 7/>	Recent history and physical, plan of care, and documentation of medical necessity.
92604	REPROGRAM COCHLEAR IMPLT 7/>	Recent history and physical, plan of care, and documentation of medical necessity.
92633	AUD REHAB POSTLING HEAR LOSS	Recent history and physical, plan of care, and documentation of medical necessity.
93798	CARDIAC REHAB/MONITOR	Recent history and physical, plan of care, and documentation of medical necessity.
96040	GENETIC COUNSELING 30 MIN	Recent history and physical, plan of care, and documentation of medical necessity.
96111	DEVELOPMENTAL TEST	Recent history and physical, plan of care, and documentation of medical necessity.
97010	HOT OR COLD PACKS THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97012	MECHANICAL TRACTION THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97014	ELECTRIC STIMULATION THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97016	VASOPNEUMATIC DEVICE THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97018	PARAFFIN BATH THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97022	WHIRLPOOL THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97024	DIATHERMY EG MICROWAVE	Recent history and physical, plan of care, and documentation of medical necessity.
97026	INFRARED THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97028	ULTRAVIOLET THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
97032	ELECTRICAL STIMULATION	Recent history and physical, plan of care, and documentation of medical necessity.
97033	ELECTRIC CURRENT THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97034	CONTRAST BATH THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97035	ULTRASOUND THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97036	HYDROTHERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97039	PHYSICAL THERAPY TREATMENT	Recent history and physical, plan of care, and documentation of medical necessity.
97113	AQUATIC THERAPY/EXERCISES	Recent history and physical, plan of care, and documentation of medical necessity.
97124	MASSAGE THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97139	PHYSICAL MEDICINE PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.
97150	GROUP THERAPEUTIC PROCEDURES	Recent history and physical, plan of care, and documentation of medical necessity.
97164	PT RE-EVAL EST PLAN CARE	Recent history and physical, plan of care, and documentation of medical necessity.
97168	OT RE-EVAL EST PLAN CARE	Recent history and physical, plan of care, and documentation of medical necessity.
97169	ATHLETIC TRN EVAL LOW CMLX	Recent history and physical, plan of care, and documentation of medical necessity.
97170	ATHLETIC TRN EVAL MOD CMLX	Recent history and physical, plan of care, and documentation of medical necessity.
97171	ATHLETIC TRN EVAL HIGH CMLX	Recent history and physical, plan of care, and documentation of medical necessity.
97172	ATHLETIC TRN RE-EVAL PLAN CR	Recent history and physical, plan of care, and documentation of medical necessity.
97537	COMMUNITY/WORK REINTEGRATION	Recent history and physical, plan of care, and documentation of medical necessity.
97750	PHYSICAL PERFORMANCE TEST	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
97755	ASSISTIVE TECHNOLOGY ASSESS	Recent history and physical, plan of care, and documentation of medical necessity.
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	History and physical, family history, clinical documentation supporting testing
97799	PHYSICAL MEDICINE PROCEDURE	History and physical, family history, clinical documentation supporting testing
98925	OSTEOPATH MANJ 1-2 REGIONS	History and physical, family history, clinical documentation supporting testing
98926	OSTEOPATH MANJ 3-4 REGIONS	History and physical, family history, clinical documentation supporting testing
98927	OSTEOPATH MANJ 5-6 REGIONS	History and physical, family history, clinical documentation supporting testing
98928	OSTEOPATH MANJ 7-8 REGIONS	History and physical, family history, clinical documentation supporting testing
98929	OSTEOPATH MANJ 9-10 REGIONS	History and physical, family history, clinical documentation supporting testing
99183	HYPERBARIC OXYGEN THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
99509	HOME VISIT DAY LIFE ACTIVITY	History and Physical, family history, clinical documentation supporting need, NFLOC.
0001U	RBC DNA HEA 35 AG 11 BLD GRP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0002M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0003M	Liver disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0004M	* AMA Short descriptor unavailable	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0005U	ONCO PRST8 3 GENE UR ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0006M	Onc hep gene risk classifier	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0007M	Onc gastro 51 gene nomogram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0011M	ONC PRST8 CA MRNA 12 GEN ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012M	ONC MRNA 5 GEN RSK URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012U	GERMLN DO GENE REARGMT DETCJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0013M	ONC MRNA 5 GEN RECR URTHL CA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0013U	ONC SLD ORG NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0014U	HEM HMTLMF NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0018U	ONC THYR 10 MICRORNA SEQ ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0019U	ONC RNA TISS PREDICT ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0026U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0029U	RX METAB ADVRS TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0030U	RX METAB WARF TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0031U	CYP1A2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0032U	COMT GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0033U	HTR2A HTR2C GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
0034U	TPMT NUDT15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0037U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0045U	ONC BRST DUX CARC IS 12 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0047U	ONC PRST8 MRNA 17 GENE ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0048U	ONC SLD ORG NEO DNA 468 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0050U	TRGT GEN SEQ DNA 324 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0053U	ONC PRST8 CA FISH ALYS 4 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0055U	CARD HRT TRNSPL 96 DNA SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0056U	HEM AML DNA GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0069U	ONC CLRCT MICRORNA MIR-31-3P	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0071U	CYP2D6 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0074U	CYP2D6 NONDUPLICATED GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0075U	CYP2D6 5' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0076U	CYP2D6 3' GENE DUP/MLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0078U	PAIN MGT OPI USE GNOTYP PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0079U	CMPRTV DNA ALYS MLT SNPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0084U	RBC DNA GNOTYP 10 BLD GROUPS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0087U	CRD HRT TRNSPL MRNA 1283 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0088U	TRNSPLJ KDN ALGRFT REJ 1494	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0089U	ONC MLNMA PRAME & LINC00518	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0090U	ONC CUTAN MLNMA MRNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0094U	GENOME RAPID SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0101U	HERED COLON CA DO 15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0102U	HERED BRST CA RLTD DO 17 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0103U	HERED OVA CA PNL 24 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0111U	ONC COLON CA KRAS&NRAS ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0114U	GI BARRETTES ESOPH VIM&CCNA1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
0118U	TRNSPLJ DON-DRV CLL-FR DNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0120U	ONC B CLL LYMPHM MRNA 58 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0129U	HERED BRST CA RLTD DO PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0130U	HERED COLON CA DO MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0131U	HERED BRST CA RLTD DO PNL 13	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0132U	HERED OVA CA RLTD DO PNL 17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0133U	HERED PRST8 CA RLTD DO 11	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0134U	HERED PAN CA MRNA PNL 18 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0135U	HERED GYN CA MRNA PNL 12 GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0136U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0137U	ATM MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0042T	CT PERFUSION W/CONTRAST CBF	History and physical, family history, clinical documentation supporting testing
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Recent history and physical, plan of care, and documentation of medical necessity.
0098T	REV ARTIFIC DISC ADDL	Recent history and physical, plan of care, and documentation of medical necessity.
0163T	LUMB ARTIF DISKECTOMY ADDL	Recent history and physical, plan of care, and documentation of medical necessity.
0164T	REMOVE LUMB ARTIF DISC ADDL	History and physical, family history, clinical documentation supporting testing
0165T	REVISE LUMB ARTIF DISC ADDL	Recent history and physical, plan of care, and documentation of medical necessity.
A0180	Nonemergency transportation: ancillary: lodging-recipient	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0433	Advanced life support, level 2 (als 2)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0436	Rotary wing air mileage, per statute mile	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi (Replaced C9031)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4104	Additive for enteral formula (e.g., fiber)	History and Physical or clinical notes, including anticipated length of use
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Letter of medical necessity, including condition being treated.
C1767	Generator, neurostimulator (implantable), non-rechargeable	Letter of medical necessity, including condition being treated.
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie (Azedra)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
C9014	Brineura (cerliponase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
C9016	Triptodur (triptorelin)	Recent history and physical, plan of care, and documentation of medical necessity.
C9024	Vyxeos (daunorubicin and cytarabine)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
C9028	Besponsa (inotuzumab ozogamicin)	Recent history and physical, plan of care, and documentation of medical necessity.

L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7008	Electric hand, switch or myoelectric, controlled, pediatric	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7009	Electric hook, switch or myoelectric controlled, adult	Letter of Medical Necessity including length of time equipment needed, functional <u>status if applicable and description of medical condition.</u>
L7040	Prehensile actuator, switch controlled	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7045	Electric hook, switch or myoelectric controlled, pediatric	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

L7170	Electronic elbow, hosmer or equal, switch controlled	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7186	Electronic elbow, child, variety village or equal, switch controlled	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	history and physical, letter of medical necessity and functional status eval from <u>physiatrist or physical therapist.</u>
L7259	Electronic wrist rotator, any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L8040	Nasal prosthesis, provided by a nonphysician	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L8041	Midfacial prosthesis, provided by a nonphysician	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L8042	Orbital prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8043	Upper facial prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8044	Hemi-facial prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8045	Auricular prosthesis, provided by a non-physician	Letter of medical necessity, including condition being treated.
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and <u>description of medical condition.</u>
L8609	Artificial cornea	Letter of medical necessity, including condition being treated.
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
L8627	Cochlear implant, external speech processor, component, replacement	Letter of medical necessity, including condition being treated.
L8628	Cochlear implant, external controller component, replacement	Letter of medical necessity, including condition being treated.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Letter of medical necessity, including condition being treated.

L8631	Metacarpal phalangeal joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8679	Implantable neurostimulator, pulse generator, any type	Recent history and physical, plan of care, and documentation of medical necessity.
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.
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.
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.
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
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.
L8690	Auditory osseointegrated device, includes all internal and external components	Recent history and physical, plan of care, and documentation of medical necessity.
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.
Q0479	Power 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.
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.
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.

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.
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.
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.
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.
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.
Q2017	Injection, teniposide, 50 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodoX, 10 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5103	Q5103 Injection, infliximab-dyyb, biosimilar, 10 mg. 4/1/18 previously coded Q5102 which was deleted 3/31/18 Went live 11/1/17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5104	100 MG SOLR Q5104 Injection, infliximab-abda, biosimilar, 10 mg. New code effective 4/1/18 previously coded J3590, Go live 11/1/17	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5106	epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5107	Bevacizumab-awwb	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5111	Pegfilgrastim-cbqv	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5112	Trastuzumab-dttb	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5113	Trastuzumab-pkrb	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5114	Trastuzumab-dkst	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5115	Rituximab-abbs	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

Q5116	Trastuzumab-qyyp	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5117	Trastuzumab-anns	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
Q5118	Bevacizumab-bvzr	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3841	Genetic testing for retinoblastoma	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3842	Genetic testing for von hippel-lindau disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3845	Genetic testing for alpha-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3846	Genetic testing for hemoglobin e beta-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3850	Genetic testing for sickle cell anemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

S4680	Transplantation of testis(es) to thigh (because of scrotal destruction)	Submit history and physical, documentation of medical necessity, operative report.
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8037	Magnetic resonance cholangiopancreatography (mrCP)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8042	Magnetic resonance imaging (mri), low-field	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non-dedicated PET scan)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Chart notes for each home visit and therapy notes for each discipline providing treatment.