Blue Cross Blue Shield of Michigan
Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

Blue Cross Blue Shield of Michigan and Blue Care Network require health care providers to obtain approval before providing certain services. This approval is known as prior authorization and it helps to ensure that the services are appropriate for the patient's condition and are medically necessary. Some plans also have requirements about where to get certain services. While prior authorization is required for Blue Cross or BCN to process claims for certain services, it isn't the only requirement that must be met for claims to pay; for example, the member must have active coverage and the service must be part of the member's benefits. For more information, see the following pages on **bcbsm.com:**

- Services That Need Prior Authorization for Commercial Members
- Medicare Advantage Prior Authorization

This document provides a detailed list of CPT* codes and HCPCS codes for services that require prior authorization for most members as of the date specified later in this document. To determine whether prior authorization is required for a specific member, refer to the document titled Determining prior authorization requirements for members.

Notes:

- In general, the following categories of medical procedures require prior authorization: inpatient care, musculoskeletal procedures (joint replacement surgeries and other related arthroscopic procedures and spinal surgeries), post-acute care, radiation oncology procedures, and radiology procedures (high-tech imaging).
- All inpatient services require prior authorization; this includes acute care, surgical procedures and post-acute care services.
    - If the surgical procedure code listed in this document is performed in an inpatient setting, both the inpatient stay and the surgical procedure require clinical review.
    - If the surgical procedure code **isn't** listed in this document and the member is having the surgery in an inpatient setting, the inpatient stay requires prior authorization.

To find a procedure code in this document

The procedure codes are sorted alphabetically by the entries in the *Requests managed by* column. To find a procedure code:

1. Hold down the *Ctrl* key on your keyboard and press the *F* key.
2. Enter the procedure code in the *Find* field.
3. Click *Search* or an arrow to search for the procedure code.

Procedure codes are listed more than once in the following situations:

- They're managed by a different entity (Blue Cross Blue Shield of Michigan, Blue Care Network or a contracted vendor) for different lines of business.
- They started requiring prior authorization on different dates for different lines of business.

Information that's available for each procedure code

This document includes the following information for each procedure code that requires prior authorization:

- A description of the code
- The lines of business for which prior authorization is required. Lines of business are abbreviated as follows:
  - BCNA = BCN Advantage
  - MAPPO = Medicare Plus Blue
  - HMO = BCN commercial
  - PPO = Blue Cross commercial
  - FEP-PPO = Blue Cross and Blue Shield Federal Employee Program® members

  If the provider doesn't know the member's line of business, they can log in to our provider portal (availity.com**), choose *Patient Registration > Eligibility and Benefits Inquiry*, and complete the required fields. Select the appropriate member in the Patient Information screen and click *Submit*. The member's plan is listed in the Plan / Product Information section of the Patient Information tab.
- The entity that manages prior authorization requests
- For newly added and recently added procedure codes, the date of service on which the code will start requiring prior authorization appears in the Effective Date cell. For other procedure codes, the Effective Date cell is blank.

Important: This document doesn't currently include a complete list of procedure codes for behavioral health services, although the following categories of services typically require prior authorization: outpatient autism services; outpatient transcranial magnetic stimulation; initial inpatient, residential or partial hospital care; and inpatient subacute detoxification.

Notation in the list of procedure codes

The following notations appear in the procedure code list:

Notation	What it means
"PPO*" in the *Lines of business* column	The procedure code requires prior authorization for members who have coverage through Blue Cross commercial fully insured groups and for **select** self-funded groups. To determine whether a procedure code requires prior authorization for a specific member, refer to the document Determining prior authorization requirements for members.
"FEP-PPO**" in the *Lines of business* column	The procedure code requires prior authorization for Blue Cross and Blue Shield Federal Employee Program® members who have commercial plans. Authorization is required through e-referral or fax the required medical documentation to FEP® at 1-866-294-5012. Note: The FEP-PPO designation doesn't apply to federal employees with coverage through Blue Care Network.

How to determine what's changed in this document

Each time this document is published, we update the related change log document that summarizes the most recent changes.

For more information about services

To learn more, do the following:

Role	Steps
Providers	To determine whether a procedure code requires prior authorization, refer to the document titled Determining prior authorization requirements for members.
Members	For more information about the benefits under your health plan: 1. Go to bcbsm.com and log in to your member portal. 2. Click *My Coverage* and then click *Medical*. 3. Click the *What's Covered* tab. 4. Click the *plan documents* link in the *Plan benefits* section.

***CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.**

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

None of the information included in this document is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

Alacura Medical Transport Management is an independent company that manages the prior authorization of non-emergency flights for Blue Cross Blue Shield of Michigan and Blue Care Network members who have commercial plans.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our authorizations.bcbsm.com website.

EviCore by Evernorth is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our authorizations.bcbsm.com website.

Joint Venture Hospital Laboratories is an independent company that provides a statewide network and third-party administration for outpatient laboratory services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Plus Blue, BCN commercial and BCN Advantage plans. They also manage prior authorizations for genetic testing for members with BCN commercial or BCN Advantage coverage.

Northwood Inc. is an independent company that manages both prior authorizations and a supplier network for durable medical equipment, prosthetics and orthotics, and medical supplies (including diabetes supplies) for Blue Cross Blue Shield of Michigan and Blue Care Network members.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.

Tango and WellSky® are independent companies that review member health care services for appropriateness and medical necessity on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

TurningPoint Healthcare Solutions LLC is an independent company that manages prior authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0001U	RBC DNA HEA 35 AG 11 BLD GRP	BCNA|HMO	JVHL		
0002M	LIVER DIS 10 ASSAYS W/ASH	BCNA|HMO	e-referral		
0002U	ONC CLRCT 3 UR METAB ALG PLP	BCNA|HMO	JVHL		
0003M	Molecular pathology test for liver disease, including non-alcohol liver disease (NASH FibroSURE)	BCNA|HMO	e-referral		
0003U	ONC OVAR 5 PRTN SER ALG SCOR	BCNA|HMO	JVHL		
0004M	SCOLIOSIS DNA ALYS	BCNA|HMO	e-referral		
0005U	ONCO PRST8 3 GENE UR ALG	BCNA|HMO	JVHL		
0006M	ONC HEP GENE RISK CLASSIFIER	BCNA|HMO	e-referral		
0007M	ONC GASTRO 51 GENE NOMOGRAM	BCNA|HMO	e-referral		
0007U	Testing for presence of drug in urine	BCNA|HMO	JVHL		
0011M	ONC PRST8 CA MRNA 12 GEN ALG	BCNA|HMO	e-referral		
0012M	ONC MRNA 5 GEN RSK URTHL CA	BCNA|HMO	e-referral		
0013M	ONC MRNA 5 GEN RECR URTHL CA	BCNA|HMO	e-referral		
0015M	ADRNL CORTCL TUM BCHM ASY 25	BCNA|HMO	e-referral		
0016M	ONC BLADDER MRNA 219 GEN ALG	BCNA|HMO	e-referral		
00170	Anesthesia for other procedure on mouth	BCNA|HMO	e-referral		
0017M	ONC DLBCL MRNA 20 GENES ALG	BCNA|HMO	e-referral		
0018M	TRNSPLJ RNL MEAS CD154+CLL	BCNA|HMO	e-referral		
0018U	MicroRNA gene analysis of thyroid nodule tissue	BCNA|HMO	JVHL		
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	BCNA|HMO	e-referral		
0020M	ONC CNS ALYS 30000 DNA LOCI	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0026U	DNA and microRNA gene analysis of thyroid nodule tissue	BCNA|HMO	JVHL		
0027U	Gene analysis (Janus kinase 2) of targeted sequence exons 12-15	BCNA|HMO	JVHL		
0034U	Gene analysis (thiopurine S-methyltransferase) for common variants	BCNA|HMO	JVHL		
0035U	Testing for presence of prion protein in cerebrospinal fluid	BCNA|HMO	JVHL		
0036U	Exome gene analysis for somatic mutation in tumor tissue	BCNA|HMO	JVHL		
0037U	DNA gene analysis of 324 genes in solid organ tumor tissue	BCNA|HMO	JVHL		
0038U	Measurement of vitamin D in serum	BCNA|HMO	JVHL		
0039U	Testing for anti-DNA antibody	BCNA|HMO	JVHL		
0040U	Gene analysis (t(9;22)) for translocation analysis	BCNA|HMO	JVHL		
0047U	mRNA gene analysis of 17 genes in prostate tumor tissue	BCNA|HMO	JVHL		
0058U	Measurement of antibodies to Merkel cell polyoma virus oncoprotein in serum	BCNA|HMO	JVHL		
0059U	Test for presence of antibodies to Merkel cell polyoma virus oncoprotein in serum	BCNA|HMO	JVHL		
0060U	Gene analysis for identical twins in maternal blood	BCNA|HMO	JVHL		
0061U	Spatial frequency domain imaging of skin	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0062U	IgG and IgM analysis of 80 biomarkers of systemic lupus erythematosus in serum	BCNA|HMO	JVHL		
0063U	Testing for amines associated with autism spectrum disorder in plasma	BCNA|HMO	JVHL		
00640	Anesthesia for manipulation or closed procedure of spine	BCNA|HMO	e-referral		
0066U	Measurement of placental alpha-micro globulin-1 (PAMG-1) in cervical/vaginal fluid to evaluate risk of premature rupture of membranes	BCNA|HMO	JVHL		
0067U	Protein expression profiling of 4 biomarkers of breast cancer in precancerous breast tissue	BCNA|HMO	JVHL		
0068U	Detection of Candida species by amplified probe	BCNA|HMO	JVHL		
0069U	mRNA expression profiling of miR-31-3 in colon tumor tissue	BCNA|HMO	JVHL		
0070U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) for common and select rare variants	BCNA|HMO	JVHL		
0071T	Focused ultrasound destruction of uterine (less than 200 cc) fibroid tumors using MR guidance	BCNA|HMO	e-referral		
0071U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) full sequence analysis	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0072T	Focused ultrasound destruction of uterine (200 cc or greater) fibroid tumors using MR guidance	BCNA|HMO	e-referral		
0072U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) targeted sequence analysis for CYP2D6-2D7 hybrid gene	BCNA|HMO	JVHL		
0073U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) targeted sequence analysis for CYP2D6-2D6 hybrid gene	BCNA|HMO	JVHL		
0074U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) targeted sequence analysis for non-duplicated gene when duplication/multiplication is trans	BCNA|HMO	JVHL		
0075T	Insertion of stents into vertebral artery via catheter, open or accessed through the skin including radiologic supervision and interpretation, initial vessel	BCNA|HMO	e-referral		
0075U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) targeted sequence analysis for 5 gene duplication/multiplication	BCNA|HMO	JVHL		
0076T	Insertion of stents into vertebral artery via catheter, open or accessed through the skin including radiologic supervision and interpretation, each additional vessel	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0076U	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) targeted sequence analysis for 3 gene duplication/multiplication	BCNA|HMO	JVHL		
0077U	Detection of Immunoglobulin paraprotein (M-protein) in blood or urine	BCNA|HMO	JVHL		
0078U	Gene analysis of 16 genes to evaluate risk of opioid-use disorder	BCNA|HMO	JVHL		
0079U	DNA analysis of urine and cheek swabs for specimen identity verification	BCNA|HMO	JVHL		
0080U	Analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130 in plasma, with clinical risk factors, to evaluate probability of lung cancer	BCNA|HMO	JVHL		
0082U	Definitive drug testing for 90 or more drugs in urine	BCNA|HMO	JVHL		
0084U	DNA red blood cell antigen typing	BCNA|HMO	JVHL		
0086U	FISH identification of organisms in blood culture	BCNA|HMO	JVHL		
0087U	mRNA gene expression profiling of genes in heart transplant biopsy tissue to evaluate risk of rejection	BCNA|HMO	JVHL		
0088U	mRNA gene expression profiling of genes in kidney transplant tissue to evaluate risk of rejection	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0089U	Gene expression profiling of melanoma in superficial sample collected by adhesive patch	BCNA|HMO	JVHL		
0090U	mRNA gene expression profiling of 23 genes in skin melanoma tissue sample	BCNA|HMO	JVHL		
0091U	Colorectal cancer screening by enumeration of tumor cells in blood	BCNA|HMO	JVHL		
0092U	Measurement of 3 protein biomarkers for lung cancer in plasma	BCNA|HMO	JVHL		
0093U	Prescription drug monitoring for 65 common drugs in urine	BCNA|HMO	JVHL		
0094U	Rapid sequence gene testing	BCNA|HMO	JVHL		
0095U	Test for markers of eosinophilic inflammation of esophagus	BCNA|HMO	JVHL		
0096U	Test for detection of high-risk human papillomavirus in male urine	BCNA|HMO	JVHL		
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter (C. jejuni/C. coli/C.	BCNA|HMO	JVHL		
0098T	Revision and replacement of an upper spine artificial disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (Adenovirus, Coronavirus, Human Metapneum	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (Adenovirus, Coronavirus 229E, Coronaviru	BCNA|HMO	JVHL		
0100T	Insertion of retinal prosthesis receiver pulse generator and retinal electrode array	BCNA|HMO	e-referral		
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (Adenovirus, Coronavirus 229E, Coronaviru	BCNA|HMO	JVHL		
0101T	High energy shock wave therapy of musculoskeletal system	BCNA|HMO	e-referral		
0101U	Gene sequence analysis panel of 15 genes associated with hereditary colon cancer and related disorders	BCNA|HMO	JVHL		
0102T	High energy shock wave therapy of outer side of lower end of upper arm bone (lateral epicondyle of humerus) under anesthesia	BCNA|HMO	e-referral		
0102U	Gene sequence analysis panel of 17 genes associated with hereditary breast cancer and related disorders	BCNA|HMO	JVHL		
0103U	Gene sequence analysis panel of 24 genes associated with hereditary ovarian cancer and related disorders	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0105U	Measurement of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) in plasma to evaluate risk of rapid kidney function decline	BCNA|HMO	JVHL		
0106T	Measurement of sensory impairment of arm or leg using touch pressure	BCNA|HMO	e-referral		
0106U	Evaluation of gastric emptying by measurement of radiolabeled carbon dioxide in breath specimens	BCNA|HMO	JVHL		
0107T	Measurement of sensory impairment of arm or leg using vibration	HMO	e-referral		
0108T	Measurement of sensory impairment of arm or leg using cooling	HMO	e-referral		
0108U	Computer-assisted digital imaging of esophagus specimen slides to evaluate risk of cancer	BCNA|HMO	JVHL		
0109T	Measurement of sensory impairment of arm or leg using heat	BCNA|HMO	e-referral		
0109U	DNA test for detection of 4 Aspergillus species	BCNA|HMO	JVHL		
0110T	Measurement of sensory impairment of arm or leg	HMO	e-referral		
0110U	Monitoring of anti-cancer drugs in patient blood, serum, or plasma	BCNA|HMO	JVHL		
0111U	Gene analysis (KRAS and NRAS) in prostate tumor tissue	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0112U	Gene analysis for detection of infectious agent and drug resistance gene	BCNA|HMO	JVHL		
0113U	Measurement of PCA3 gene in urine and prostate-specific antigen (PSA) in serum to evaluate risk of prostate cancer	BCNA|HMO	JVHL		
0114U	Gene analysis (VIM and CCNA1 methylation) in esophageal cells to evaluate likelihood of precancerous changes	BCNA|HMO	JVHL		
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets	BCNA|HMO	JVHL		
0116U	Analysis of 35 or more drugs in mouth fluid to evaluate risk of prescription drug interactions	BCNA|HMO	JVHL		
0117U	Analysis of 11 biochemical substances in urine to evaluate likelihood of atypical biochemical function associated with pain	BCNA|HMO	JVHL		
0118U	Measurement of transplant donor cell-free DNA in transplant recipient plasma	BCNA|HMO	JVHL		
0119U	Measurement of ceramides for assessment of heart disease risk	BCNA|HMO	JVHL		
0120U	mRNA, gene expression profiling of 58 genes in tissue sample for B-cell lymphoma classification	BCNA|HMO	JVHL		
0121U	Blood test for sickle cells using VCAM-1	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0122U	Blood test for sickle cells using P-Selectin	BCNA|HMO	JVHL		
0123U	Test for fragility of red blood cells	BCNA|HMO	JVHL		
0129U	Gene analysis of genes associated with hereditary breast cancer and related disorders for gene sequence and duplication or deletion variants	BCNA|HMO	JVHL		
0130U	Targeted mRNA sequence analysis of genes associated with hereditary colon cancer and related disorders	BCNA|HMO	JVHL		
0131U	Targeted mRNA sequence analysis of 13 genes associated with hereditary breast cancer and related disorders	BCNA	JVHL		
0132U	Targeted mRNA sequence analysis of 17 genes associated with hereditary ovarian cancer and related disorders	BCNA	JVHL		
0133U	Targeted mRNA sequence analysis of 11 genes associated with hereditary prostate cancer and related disorders	BCNA|HMO	JVHL		
0134U	Targeted mRNA sequence analysis of 18 genes associated with hereditary pan cancer	BCNA|HMO	JVHL		
0135U	Targeted mRNA sequence analysis of 12 genes associated with hereditary gynecological cancer	BCNA	JVHL		
0136U	mRNA gene analysis (ataxia telangiectasia mutated)	BCNA	JVHL		
0137U	mRNA gene analysis (partner and localizer of BRCA2)	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0138U	mRNA gene analysis (BRCA1, DNA repair associated and BRCA2, DNA repair associated)	BCNA|HMO	JVHL		
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, alpha ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and	BCNA|HMO	JVHL		
0140U	Amplifed DNA probe detection of fungus in blood culture specimen	BCNA|HMO	JVHL		
0141U	Amplifed DNA probe detection of 20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, and 1 pan Candida target in blood culture specimen	BCNA|HMO	JVHL		
0142U	Amplifed DNA probe detection of 20 gram-positive bacterial targets, 6 resistance genes, 1 pan gram-negative bacterial target, and 1 pan Candida target in blood culture specimen	BCNA|HMO	JVHL		
0143U	Measurement of 120 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0144U	Measurement of 160 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0145U	Measurement of 65 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0146U	Measurement of 80 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0147U	Measurement of 85 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0148U	Measurement of 100 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0149U	Measurement of 60 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0150U	Measurement of 120 or more drugs or metabolites in urine specimen	BCNA|HMO	JVHL		
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar	BCNA|HMO	JVHL		
0152U	Cell-free DNA sequencing of disease-causing organisms in plasma specimen, with report for significant organisms	BCNA|HMO	JVHL		
0153U	mRNA gene expression profiling of 101 genes in breast growth tissue specimen	BCNA|HMO	JVHL		
0154U	RNA gene analysis for detection of fibroblast growth factor receptor 3 gene alteration in urothelial tumor tissue specimen	BCNA|HMO	JVHL		
0155U	DNA analysis for detection of PIK3CA gene mutation in breast growth tissue specimen	BCNA|HMO	JVHL		
0156U	Gene analysis copy number sequence analysis	BCNA|HMO	JVHL		
0157U	mRNA gene analysis of APC regulator of WNT signaling pathway	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0158U	mRNA gene analysis of mutL homolog 1	BCNA|HMO	JVHL		
0159U	mRNA gene analysis of mutS homolog 2	BCNA|HMO	JVHL		
0160U	mRNA gene analysis of mutS homolog 6	BCNA|HMO	JVHL		
0161U	mRNA gene analysis of PMS1 homolog 2, mismatch repair system component	BCNA|HMO	JVHL		
0162U	Targeted mRNA sequence analysis for genes associated with hereditary colon cancer	BCNA|HMO	JVHL		
0163U	Screening test for 3 protein biomarkers of colorectal cancer in serum or plasma specimen	BCNA|HMO	JVHL		
0164T	Removal of lower spine artificial disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0164U	Test for detection of antibodies associated with irritable bowel syndrome in plasma specimen, reported as elevated or not elevated	BCNA|HMO	JVHL		
0165T	Revision and replacement of a lower spine artificial disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0165U	Test for detection of antigens associated with peanut allergy in blood specimen, reported as probability of peanut allergy	BCNA|HMO	JVHL		
0166U	Liver disease test panel in serum specimen	BCNA|HMO	JVHL		
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0169U	Gene analysis (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) for detection of common variants	BCNA|HMO	JVHL		
0170U	RNA gene sequencing for probability of autism spectrum disorder in saliva specimen	BCNA|HMO	JVHL		
0171U	DNA analysis of targeted sequences in 23 genes for detection of abnormalites associated with myeloid leukemia, myelodysplastic syndrome, and myeloproliferative cancer	BCNA|HMO	JVHL		
0172U	DNA gene analysis (BRCA1, DNA repair associated and BRCA2, DNA repair associated) for detection of mutations associated with breast cancer	BCNA|HMO	JVHL		
0173U	Gene analysis panel for detection of variants in 14 genes associated with psychiatric disorders	BCNA|HMO	JVHL		
0174U	Mass spectrometry testing for 30 protein targets in tissue specimen to predict benefit of cancer therapy agents	BCNA|HMO	JVHL		
0175T	Remote computer algorithm analysis of digital image data	BCNA|HMO	e-referral		
0175U	Gene analysis panel for detection of variants in 15 genes associated with psychiatric disorders	BCNA|HMO	JVHL		
0176U	Test for detection of IgG antibodies associated with irritable bowel syndrome	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0177U	DNA gene analysis (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) for detection of mutations associated with breast cancer	BCNA|HMO	JVHL		
0178U	Test for detection of antigens associated with peanut allergy in blood specimen, reported as minimum exposure for clinical reaction	BCNA|HMO	JVHL		
0179U	Cell-free DNA analysis of targeted sequences in 23 genes for detection of mutations associated with non-small cell lung cancer	BCNA|HMO	JVHL		
0180U	Red blood cell antigen genotyping, ABO blood group	BCNA|HMO	JVHL		
0181U	Red blood cell antigen genotyping, Colton blood group	BCNA|HMO	JVHL		
0182U	Red blood cell antigen genotyping, CD55 molecule [Cromer blood group] exons 1-10	BCNA|HMO	JVHL		
0183U	Red blood cell antigen genotyping, solute carrier family 4 member 1 [Diego blood group] exon 19	BCNA|HMO	JVHL		
0184U	Red blood cell antigen genotyping, ADP-ribosyltransferase 4 [Dombrock blood group] exon 2	BCNA|HMO	JVHL		
0185U	Red blood cell antigen genotyping, fucosyltransferase 1 [H blood group] exon 4	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0186U	Red blood cell antigen genotyping, fucosyltransferase 2 [H blood group] exon 2	BCNA|HMO	JVHL		
0187U	Red blood cell antigen genotyping, atypical chemokine receptor 1 [Duffy blood group] exons 1-2	BCNA|HMO	JVHL		
0188U	Red blood cell antigen genotyping, glycophorin C [Gerbich blood group] exons 1-4	BCNA|HMO	JVHL		
0189U	Red blood cell antigen genotyping, glycophorin A [MNS blood group] introns 1, 5, exon 2	BCNA|HMO	JVHL		
0190U	Red blood cell antigen genotyping, glycophorin B [MNS blood group] introns 1, 5, pseudoexon 3	BCNA|HMO	JVHL		
0191U	Red blood cell antigen genotyping, CD44 molecule [Indian blood group] exons 2, 3, 6	BCNA|HMO	JVHL		
0192U	Red blood cell antigen genotyping, solute carrier family 14 member 1 [Kidd blood group] gene promoter, exon 9solute carrier family 14 member 1 [Kidd blood group] gene promoter, exon 9	BCNA|HMO	JVHL		
0193U	Red blood cell antigen genotyping, ATP binding cassette subfamily G member 2 [Junior blood group] exons 2-26	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0194U	Red blood cell antigen genotyping, Kell metallo-endopeptidase [Kell blood group] exon 8	BCNA|HMO	JVHL		
0195U	Gene analysis (Kruppel-like factor 1) targeted sequence analysis	BCNA|HMO	JVHL		
01966	Anesthesia for induced abortion	BCNA|HMO	e-referral		
0196U	Red blood cell antigen genotyping, basal cell adhesion molecule [Lutheran blood group] exon 3	BCNA|HMO	JVHL		
0197U	Red blood cell antigen genotyping, intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]	BCNA|HMO	JVHL		
0198T	Measurement of eye blood flow by repeated eyeball pressure assessment	BCNA|HMO	e-referral		
0198U	Red blood cell antigen genotyping, Rh blood group D antigen exons 1-10 and Rh blood group CcEe antigens exon 5	BCNA|HMO	JVHL		
01999	Other anesthesia procedure	BCNA|HMO	e-referral		
0199U	Red blood cell antigen genotyping, erythroblast membrane associated protein [Scianna blood group] exons 4, 12	BCNA|HMO	JVHL		
0200T	Injections of one side of sacrum for enlargement, 1 or more needles, accessed through the skin	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0200U	Red blood cell antigen genotyping, X-linked Kx blood group exons 1-3	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0201T	Injections of both sides of sacrum for enlargement, 2 or more needles, accessed through the skin	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0201U	Red blood cell antigen genotyping, acetylcholinesterase [Cartwright blood group] exon 2	BCNA|HMO	JVHL		
0202T	Fusion of spinal facet joints using imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0203U	mRNA gene expression profiling of 17 genes in whole blood specimen for evaluation of inflammatory bowel disease	BCNA|HMO	JVHL		
0204U	mRNA gene analysis of 539 genes in fine needle aspiration thyroid specimen, reported as detected or not detected	BCNA|HMO	JVHL		
0205U	Gene analysis for detection of variants in 3 genes in cheek swab specimen for neovascular age-related macular-degeneration risk associated with zinc supplements	BCNA|HMO	JVHL		
0206U	Cell aggregation testing of cultured skin cells for Alzheimer disease, reported as positive or negative for Alzheimer disease	BCNA|HMO	JVHL		
0207T	Drainage of one eyelid glands using heat and pressure	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0207U	Immunofluorescence testing of cultured skin cells for Alzheimer disease, reported as probability index for Alzheimer disease	BCNA|HMO	JVHL		
0208T	Pure tone air hearing test	BCNA|HMO	e-referral		
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary t	BCNA|HMO	JVHL		
0209T	Pure tone air and bone hearing test	BCNA|HMO	e-referral		
0209U	Cytogenomic analysis of whole genome for abnormal chromosomes	BCNA|HMO	JVHL		
0210T	Speech threshold hearing test	BCNA|HMO	e-referral		
0210U	Measurement of nontreponemal antibodies associated with syphilis	BCNA|HMO	JVHL		
0211T	Speech recognition hearing test	BCNA|HMO	e-referral		
0211U	Next-generation sequencing of DNA and RNA in tumor tissue specimen with interpretative report	BCNA|HMO	JVHL		
0212T	Speech threshold and recognition hearing test	BCNA|HMO	e-referral		
0212U	Rare diseases genetic testing of complete DNA of first affected person in family	BCNA|HMO	JVHL		
0213T	Injections of upper or middle spine joint or nerves using ultrasound guidance, single level	HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0213U	Rare diseases genetic testing of complete DNA of relative of affected person in family	BCNA|HMO	JVHL		
0214T	Injections of upper or middle spine joint or nerves using ultrasound guidance, second level	HMO|PPO*	TurningPoint		
0214U	Rare diseases genetic testing of protein coding genes of first affected person in family	BCNA|HMO	JVHL		
0215T	Injections of upper or middle spine joint or nerves using imaging guidance	HMO|PPO*	TurningPoint		
0215U	Rare diseases genetic testing of protein coding genes of relative of affected person in family	BCNA|HMO	JVHL		
0216T	Injections of lower or sacral spine joint or nerves using ultrasound guidance, single level	HMO|PPO*	TurningPoint		
0216U	DNA analysis of gene sequence of 12 genes for identification and characterization of abnormalites associated with inherited disorders of movement (ataxia)	BCNA|HMO	JVHL		
0217T	Injections of lower or sacral spine joint or nerves using ultrasound guidance, second level	HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0217U	DNA analysis of gene sequence of 51 genes for identification and characterization of abnormalites associated with inherited disorders of movement (ataxia)	BCNA|HMO	JVHL		
0218T	Injections of lower or sacral spine joint or nerves using imaging guidance	HMO|PPO*	TurningPoint		
0218U	DNA analysis of gene sequence for identification and characterization of abnormalites associated with muscular dystrophy	BCNA|HMO	JVHL		
0219T	Insertion of upper spine facet joint implants	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0219U	Gene analysis of human immunodeficiency virus targeted sequence analysis for resistance to antiviral drugs	BCNA|HMO	JVHL		
0220T	Insertion of middle spine facet joint implants	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0220U	Image analysis of breast cancer cell specimen with artificial intelligence assessment	BCNA|HMO	JVHL		
0221T	Insertion of lower spine facet joint implants	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0221U	Red blood cell antigen genotyping, ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase gene next generation sequencing	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0222T	Insertion of spinal facet joint implants	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0222U	Red blood cell antigen genotyping, RH proximal promoter, exons 1-10, portions of introns 2-3	BCNA|HMO	JVHL		
0227U	Presumptive drug testing for 30 or more drugs in urine	BCNA|HMO	JVHL		
0228U	Detection test by photometric technique for macromolecules in urine to evaluate risk of prostate cancer	BCNA|HMO	JVHL		
0229U	Gene analysis (branched chain amino acid transaminase 1 and IKAROS family zinc finger 1), promoter methylation analysis	BCNA|HMO	JVHL		
0230U	Gene analysis (androgen receptor), full sequence analysis	BCNA|HMO	JVHL		
0231U	Gene analysis (calcium voltage-gated channel subunit alpha 1A), full gene analysis	BCNA|HMO	JVHL		
0232T	Harvest and injections of platelet rich plasma using imaging guidance	BCNA|HMO	e-referral		
0232U	Gene analysis (cystatin B), full gene analysis	BCNA|HMO	JVHL		
0233U	Gene analysis (frataxin)	BCNA|HMO	JVHL		
0234U	Gene analysis (methyl CpG binding protein 2), full gene analysis	BCNA|HMO	JVHL		
0235U	Gene analysis (phosphatase and tensin homolog), full gene analysis	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0236U	Gene analysis (survival of motor neuron 1, telomeric and survival of motor neuron 2, centromeric), full gene analysis	BCNA|HMO	JVHL		
0237U	Gene analysis for cardiac ion channelopathies, genomic sequence analysis	BCNA|HMO	JVHL		
0238U	DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM for Lynch syndrome	BCNA|HMO	JVHL		
0239U	Gene analysis of 311 or more genes associated with solid organ cancer in cell-free DNA, targeted sequence panel	BCNA|HMO	JVHL		
0242U	Gene analysis of 55-74 genes associated with solid organ cancer in cell-free circulating DNA, targeted genomic sequence analysis panel	BCNA|HMO	JVHL		
0243U	Time-resolved fluorescence immunoassay of placental-growth factor in maternal serum to evaluate risk of preeclampsia	BCNA|HMO	JVHL		
0244U	Gene analysis of 257 genes associated with solid organ cancer in tumor tissue sample, comprehensive genomic profiling	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0245U	Gene analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers, next-generation sequencing, in fine needle aspirate of thyroid to evaluate risk of thyroid cancer	BCNA|HMO	JVHL		
0246U	Blood typing for 16 or more blood groups with phenotype prediction of 51 or more red blood cell antigens	BCNA|HMO	JVHL		
0247U	Quantitative measurement of insulin-like growth factor-binding protein 4 and sex hormone-binding globulin (SHBG) in maternal serum by LC-MS/MS to evaluate risk of premature birth	BCNA|HMO	JVHL		
0248U	Culture of brain cancer cells with 12 drug panel testing for tumor response prediction	BCNA|HMO	JVHL		
0249U	Analysis of 32 phosphoproteins and protein analytes associated with breast cancer, with interpretation and report	BCNA|HMO	JVHL		
0250U	Gene analysis of 505 genes associated with solid organ cancer in tumor tissue sample, targeted genomic sequence interrogation for somatic alterations, microsatellite instability and tumor-mutation burden	BCNA|HMO	JVHL		
0251U	ELISA assay for hepacidin-25 in serum or plasma	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0252U	Analysis of fetal DNA, short tandem-repeat comparative analysis, for abnormal chromosome number	BCNA|HMO	JVHL		
0253T	Insertion of eye fluid drainage device, internal approach	BCNA|HMO	e-referral		
0253U	RNA gene expression profiling of 238 genes by next-generation sequencing specimen from lining of womb to evaluate window of implantation for embryo transfer	BCNA|HMO	JVHL		
0254U	Preimplantation genetic assessment of embryo by gene sequence analysis of 24 chromosomes for abnormal chromosome number	BCNA|HMO	JVHL		
0255U	Evaluation of sperm using fluorescence microscopic evaluation of ganglioside GM1 distribution patterns, reported as percentage of capacitated sperm and probability of generating pregnancy score	BCNA|HMO	JVHL		
0256U	Tandem mass spectroscopy (MS/MS) profile of trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile in urine, with algorithmic analysis and interpretive report	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0257U	Evaluation of very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD) white blood cell enzyme activity in whole blood	BCNA|HMO	JVHL		
0258U	mRNA gene expression profiling of 50-100 genes in skin surface specimen, algorithm reported as likelihood of response to psoriasis biologics	BCNA|HMO	JVHL		
0259U	Nuclear MR spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to evaluate kidney function	BCNA|HMO	JVHL		
0260U	Optical genome mapping for detection of abnormalities associated with rare heritable diseases	BCNA|HMO	JVHL		
0261U	Image analysis with artificial intelligence assessment of 4 cellular and immune features in colorectal cancer tumor tissue specimen, reported as immune response and recurrence-risk score	BCNA|HMO	JVHL		
0262U	mRNA gene expression profiling of 7 gene pathways in solid organ tumor tissue specimen, algorithm reported as gene pathway activity score	BCNA|HMO	JVHL		
0263T	Multiple injections of patient-derived bone marrow cells into a muscle of one leg including bone marrow harvest	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0263U	LC-MS/MS spectroscopy of 16 central carbon metabolites associated with autism spectrum disorders (ASD) in plasma specimen, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	BCNA|HMO	JVHL		
0264T	Multiple injections of patient-derived bone marrow cells into a muscle of one leg	BCNA|HMO	e-referral		
0264U	Detection of abnormalities associated with rare heritable diseases by optical genome mapping	BCNA|HMO	JVHL		
0265T	Harvest of patient-derived bone marrow cells for multiple injections into a muscle of one leg	BCNA|HMO	e-referral		
0265U	Whole genome and mDNA sequence analysis for detection of abnormalities associated with rare constitutional/heritable diseases	BCNA|HMO	JVHL		
0266U	Gene expression profiling by whole transcriptone and next-generation sequencing for detection of unexplained heritable disease	BCNA|HMO	JVHL		
0267U	Optical genome mapping and whole genome sequencing for detection of abnormalities associated with rare heritable diseases	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0268U	Genomic sequence analysis of 15 genes for detection of abnormalities associated with atypical hemolytic uremic syndrome	BCNA|HMO	JVHL		
0269U	Genomic sequence analysis of 14 genes for detection of abnormalities associated with autosomal dominant congenital thrombocytopenia (low platelet count)	BCNA|HMO	JVHL		
0270U	Genomic sequence analysis of 20 genes for detection of abnormalities associated with congenital coagulation disorders (blood clotting disorders)	BCNA|HMO	JVHL		
0271U	Genomic sequence analysis of 23 genes for detection of abnormalities associated with congenital neutropenia (low white blood cell count)	BCNA|HMO	JVHL		
0272U	Comprehensive genomic sequence analysis of 51 genes for detection of abnormalities associated with congenital bleeding disorders	BCNA|HMO	JVHL		
0273U	Genomic sequence analysis of 9 genes for detection of abnormalities associated with genetic hyperfibrinolysis and delayed bleeding	BCNA|HMO	JVHL		
0274T	Removal of bone from upper or middle spine for decompression of nerve tissue using imaging guidance, accessed through the skin	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0274U	Genomic sequence analysis of 43 genes for detection of abnormalities associated with genetic platelet disorders	BCNA|HMO	JVHL		
0275T	Removal of bone from lower spine for decompression of nerve tissue using imaging guidance, accessed through the skin	BCNA|MAPPO|PPO*	TurningPoint		
0275U	Flow cytometry detection of platelet antibody reactivity in serum for evaluation of heparin-induced thrombocytopenia (low platelet count due to heparin)	BCNA|HMO	JVHL		
0276U	Genomic sequence analysis of 42 genes for detection of abnormalities associated with inherited thrombocytopenia (low platelet count)	BCNA|HMO	JVHL		
0277U	Genomic sequence analysis of 31 genes for detection of abnormalities associated with genetic platelet function disorder	BCNA|HMO	JVHL		
0278T	Transcutaneous electrical modulation pain reprocessing each treatment session	BCNA|HMO	e-referral		
0278U	Genomic sequence analysis of 12 genes for detection of abnormalities associated with genetic thrombosis (excessive clotting)	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0279U	ELISA detection of von Willebrand factor (VWF) and collagen III binding in plasma specimen, report of collagen III binding	BCNA|HMO	JVHL		
0280U	ELISA detection of von Willebrand factor (VWF) and collagen IV binding in plasma specimen, report of collagen IV binding	BCNA|HMO	JVHL		
0281U	ELISA measurement of von Willebrand propeptide in plasma specimen, diagnostic report of von Willebrand factor (VWF) propeptide antigen level	BCNA|HMO	JVHL		
0282U	Red blood cell antigen genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	BCNA|HMO	JVHL		
0283U	Radioimmunoassay platelet-binding evaluation of von Willebrand factor (VWF), type 2B, in plasma specimen	BCNA|HMO	JVHL		
0284U	ELISA evaluation of von Willebrand factor (VWF), type 2N, factor VIII and VWF binding in plasma specimen	BCNA|HMO	JVHL		
0306U	Initial baseline gene analysis for minimum residual disease in cancer, next-generation targeted sequencing analysis of cell-free DNA, to determine a patient specific panel for future comparisons	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0307U	Subsequent gene analysis for minimum residual disease in cancer, next-generation targeted sequencing analysis of cell-free DNA, to determine a patient specific panel for future comparisons	BCNA|HMO	JVHL		
0308U	Analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) in plasma specimen, algorithm reported as risk score for obstructive coronary artery disease	BCNA|HMO	JVHL		
0309U	Analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]) in plasma specimen, algorithm reported as risk score for major adverse heart event	BCNA|HMO	JVHL		
0310U	Analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake) for Kawasaki disease (KD) in plasma specimen, algorithm reported as risk score for KD	BCNA|HMO	JVHL		
0311U	Measurement of bacterial susceptibility to antibiotics, reported as phenotypic minimum inhibitory concentration (MIC) for each organism identified	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0312U	Analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products associated with autoimmune disease, using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence in serum specimen or plasma and whol	BCNA|HMO	JVHL		
0313U	DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression in pancreatic cyst fluid specimen, algorithm reported as negative, low probability of cancer of pancreas or positive, high probability of cancer of	BCNA|HMO	JVHL		
0314U	mRNA gene expression profiling by real-time polymerase chain reaction (RT-PCR) of 35 genes (32 content and 3 housekeeping) associated with melanoma of skin in formalin-fixed paraffin-embedded (FFPE) tissue specimen, algorithm reported as benign, intermedi	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0315U	mRNA gene expression profiling by real-time polymerase chain reaction (RT-PCR) of 40 genes (34 content and 6 housekeeping) associated with squamous cell carcinoma of skin in formalin-fixed paraffin-embedded (FFPE) tissue specimen, algorithm reported as be	BCNA|HMO	JVHL		
0316U	Evaluation of outer surface protein A (OspA) of Borrelia burgdorferi (Lyme disease) in urine specimen	BCNA|HMO	JVHL		
0317U	Four-probe fluorescence in situ hybridization (FISH) (3q29, 3p22.1, 10q22.3, 10cen) assay of whole blood specimen, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	BCNA|HMO	JVHL		
0318U	Whole genome methylation analysis by microarray for 50 or more genes associated with congenital epigenetic disorders in blood specimen	BCNA|HMO	JVHL		
0319U	RNA gene expression profiling by select transcriptome sequencing in peripheral blood specimen taken before kidney transplant, algorithm reported as risk score for early acute rejection	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0320U	RNA gene expression profiling by select transcriptome sequencing in peripheral blood specimen taken after kidney transplant, algorithm reported as risk score for acute cellular rejection	BCNA|HMO	JVHL		
0321U	Detection test by nucleic acid (DNA or RNA) multiplex amplified probe technique for identification of 20 bacterial and fungal organisms associated with genital or urinary tract infection and identification of 16 associated antibiotic-resistance genes	BCNA|HMO	JVHL		
0322U	Measurement of 14 acyl carnitines and microbiome-derived metabolites associated with autism spectrum disorders by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in plasma specimen, results reported as negative or positive for risk of metab	BCNA|HMO	JVHL		
0323U	DNA and mRNA next-generation sequencing analysis in cerebrospinal fluid specimen for detection of organisms causing disease in central nervous system	BCNA|HMO	JVHL		
0326U	Targeted genomic sequence analysis of 83 or more genes in cell free circulating DNA for detection of abnormalities associated with solid organ cancers	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0327U	DNA sequence analysis of selected regions for detection of abnormal fetal chromosome number (trisomy 13, 18, and 21) in maternal plasma specimen, algorithm reported as risk score for each trisomy, includes sex reporting, if performed	BCNA|HMO	JVHL		
0328U	Definitive drug testing for 120 or more drugs and metabolites in urine specimen	BCNA|HMO	JVHL		
0329T	Monitoring of pressure in eyes, 24 hours or longer	BCNA|HMO	e-referral		
0329U	Exome and transcriptome sequence analysis of DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutations with therapy associations	BCNA|HMO	JVHL		
0330T	Tear film imaging of one or both eyes	BCNA|HMO	e-referral		
0330U	Amplified nucleic acid probe for identification of 27 vaginal disease agents in vaginal swab specimen	BCNA|HMO	JVHL		
0331T	Imaging of heart muscle	BCNA|HMO	e-referral		
0331U	Optical genome mapping of DNA from blood or bone marrow specimen, report of clinically significant alterations associated with blood or lymph system cancers	BCNA|HMO	JVHL		
0332T	Imaging of heart muscle with SPECT	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0332U	Genetic profiling of 8 epigenetic markers to evaluate probability of responding to immune checkpoint-inhibitor therapy for cancer	BCNA|HMO	JVHL		
0333T	Automated screening of visual acuity	BCNA|HMO	e-referral		
0333U	Surveillance for liver cancer in high risk patients using algorithm	BCNA|HMO	JVHL		
0334U	Targeted genomic sequence analysis of 84 or more genes for detection of abnormalities associated with cancer of body organ	BCNA|HMO	JVHL		
0335T	Insertion of implant into subtalar (below ankle) foot joint	BCNA|HMO	e-referral		
0335U	Whole genome sequence analysis of fetal sample for detection of abnormalities associated with rare constitutional/heritable diseases	BCNA|HMO	JVHL		
0336U	Whole genome sequence analysis of comparator genome (parent) for detection of abnormalities associated with rare constitutional/heritable diseases	BCNA|HMO	JVHL		
0337U	Evaluation of plasma cells for detection of abnormalities associated with plasma cell disorders and myeloma	BCNA|HMO	JVHL		
0338T	Destruction of nerves of arteries of both kidneys accessed through the skin with fluoroscopy and radiological supervision and interpretation	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0338U	Evaluation of circulating solid tumor cells in peripheral blood	BCNA|HMO	JVHL		
0339T	Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation	BCNA|HMO	e-referral		
0339U	mRNA expression profiling of genes associated with high-grade prostate cancer	BCNA|HMO	JVHL		
0340U	DNA assays for detection of minimal residual disease in cancer	BCNA|HMO	JVHL		
0341U	Fetal DNA sequencing of products of conception for detection of abnormal chromosome number	BCNA|HMO	JVHL		
0342T	Mechanical separation and reinfusion of platelet cells from blood	BCNA|HMO	e-referral		
0342U	Multiplex immunoassay for markers of pancreatic cancer in serum	BCNA|HMO	JVHL		
0343U	Exosome-based analysis of 442 small noncoding RNAs in urine to evaluate risk of prostate cancer	BCNA|HMO	JVHL		
0344U	Evaluation of 28 lipid markers for risk of nonalcoholic fatty liver disease	BCNA|HMO	JVHL		
0345U	Genomic analysis panel of 15 genes for detection of abnormalities assocated with mental health disorders	BCNA|HMO	JVHL		
0347T	Insertion of devices in bone for visualization and measurement using radiostereometric analysis (RSA)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0347U	DNA analysis of 16 genes involved in drug metabolism or processing	BCNA|HMO	JVHL		
0348T	X-ray of spine with radiostereometric analysis (RSA)	BCNA|HMO	e-referral		
0348U	DNA analysis of 25 genes involved in drug metabolism or processing	BCNA|HMO	JVHL		
0349T	X-ray of arms with radiostereometric analysis (RSA)	BCNA|HMO	e-referral		
0349U	DNA analysis of 27 genes involved in drug metabolism or processing, report including gene-drug interactions	BCNA|HMO	JVHL		
0350T	X-ray of legs with radiostereometric analysis (RSA)	BCNA|HMO	e-referral		
0350U	DNA analysis of 27 genes involved in drug metabolism or processing, analysis and reported phenotypes	BCNA|HMO	JVHL		
0351T	Intraoperative tomography of breast or lymph nodes or tissue	BCNA|HMO	e-referral		
0351U	Biochemical assays for markers of bacterial infection	BCNA|HMO	JVHL		
0352T	Interpretation and report of tomography of breast or lymph nodes or tissue	BCNA|HMO	e-referral		
0353T	Intraoperative tomography of breast	BCNA|HMO	e-referral		
0353U	Detection of Chlamydia trachomatis and Neisseria gonorrhoeae by multiplex amplified DNA probe technique	BCNA|HMO	JVHL		
0354T	Interpretation and report of intraoperative tomography of breast	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	BCNA|HMO	JVHL		
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	BCNA|HMO	JVHL		
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic	BCNA|HMO	JVHL		
0358T	Whole body composition tissue and fluid measurements with interpretation and report	BCNA|HMO	e-referral		
0358U	Neurology (mild cognitive impairment), analysis of -amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive,	BCNA|HMO	JVHL		
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categoric	BCNA|HMO	JVHL		
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	BCNA|HMO	JVHL		
0362T	Behavior identification supporting assessment for patient exhibiting destructive behavior, each 15 minutes of technicians' face-to-face time	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid captureenrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fi	BCNA|HMO	JVHL		
0363U	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incor	BCNA|HMO	JVHL		
0373T	Adaptive behavior treatment with protocol modification for patient exhibiting destructive behavior, each 15 minutes of technicians' face-to-face time	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0378T	Assessment of field of vision with concurrent data analysis and data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	BCNA|HMO	e-referral		
0379T	Technical component for assessment of field of vision with concurrent data analysis and data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	BCNA|HMO	e-referral		
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin fixed paraffin-embedded (FFPE) tissue, report for risk of progression (Do not report 0387U in conjunction with 88341, 88342)	BCNA|HMO	JVHL		
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	BCNA|HMO	JVHL		
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	BCNA|HMO	JVHL		
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	BCNA|HMO	JVHL		
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded α-synuclein protein by seed amplification assay, qualitative	BCNA|HMO	JVHL		
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	BCNA|HMO	JVHL		
0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	BCNA|HMO	JVHL		
0397T	Diagnostic examination of gallbladder and pancreatic, liver, and bile ducts using an endoscope, with optical endomicroscopy	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	BCNA|HMO	JVHL		
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	BCNA|HMO	JVHL		
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	BCNA|HMO	JVHL		
0400U	Obstetrics (expanded carrier screening), 145 genes by next generation sequencing, fragment analysis and multiplex ligation dependent probe amplification, DNA, reported as carrier positive or negative	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	BCNA|HMO	JVHL		
0402U	NFCT AGT STI MULT AMP PRB TQ	BCNA|HMO	JVHL		
0403T	Health and behavior intervention for prevention of diabetes, minimum 60 minutes, per day	BCNA|HMO	e-referral		
0403U	ONC PRST8 MRNA 18 GEN DRE UR	BCNA|HMO	JVHL		
0404U	ONC BRST SEMIQ MEAS THYM KN	BCNA|HMO	JVHL		
0405U	ONC PNCRTC 59 MTHLTN BLK MRK	BCNA|HMO	JVHL		
0406U	ONC LUNG FLOW CYTMTRY 5 MRK	BCNA|HMO	JVHL		
0407U	NEPH DBTC CKD MULT ECLIA ALG	BCNA|HMO	JVHL		
0408T	INSJ/RPLC CARDIAC MODULJ SYS	BCNA|HMO	e-referral		
0408U	IAAD BLK AC WV BSNSR SARSCV2	BCNA|HMO	JVHL		
0409T	Insertion or replacement of pulse generator of heart contractility modulator system	BCNA|HMO	e-referral		
0409U	ONC SLD TUM DNA 80 & RNA 36	BCNA|HMO	JVHL		
0410T	Insertion or replacement of electrodes in upper chamber of heart for heart contractility modulator system	BCNA|HMO	e-referral		
0410U	ONC PNCRTC DNA WHL GN SEQ 5-	BCNA|HMO	JVHL		
0411T	Insertion or replacement of electrodes in lower chamber of heart for heart contractility modulator system	BCNA|HMO	e-referral		
0411U	PSYC GENOM ALYS PNL 15 GEN	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0412T	Removal of pulse generator for heart contractility modulator system	BCNA|HMO	e-referral		
0412U	BETA AMYLOID A42/40 IMPRCIP	BCNA|HMO	JVHL		
0413T	Removal of electrode for heart contractility modulator system	BCNA|HMO	e-referral		
0413U	ONC HL NEO OPT GEN MAPG DNA	BCNA|HMO	JVHL		
0414T	Replacement of pulse generator of heart contractility modulator system	BCNA|HMO	e-referral		
0414U	ONC LNG AUG ALG ALY WHL SLD8	BCNA|HMO	JVHL		
0415T	Repositioning of electrode of heart contractility modulator system	BCNA|HMO	e-referral		
0415U	CV DS ACS BLD ALG 5 YR SCORE	BCNA|HMO	JVHL		
0416T	Relocation of skin pocket for pulse generator of heart contractility modulator system	BCNA|HMO	e-referral		
0416U	IADNA GU PTHGN 20BCT&FNG ORG	BCNA|HMO	JVHL		
0417T	Programming evaluation of heart contractility modulator system	BCNA|HMO	e-referral		
0417U	RARE DS ALYS 335 NUC GENES	BCNA|HMO	JVHL		
0418T	Interrogation evaluation of heart contractility modulator system	BCNA|HMO	e-referral		
0418U	ONC BRST AUG ALG ALY WHL SL8	BCNA|HMO	JVHL		
0419U	ONC BRST AUG ALG ALY WHL SL8	BCNA|HMO	JVHL		
0421U	ONC CLRCT SCR SGL AMP 8 RNA	HMO	JVHL		
0422T	Tactile imaging of one or both breasts	BCNA|HMO	e-referral		
0427U	MONOCYTE DSTRBJ WDTH WHL BLD	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	HMO	JVHL		4/1/2024
0440T	ABLTJ PERC UXTR/PERPH NRV	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	HMO	JVHL		4/1/2024
0441T	ABLTJ PERC LXTR/PERPH NRV	BCNA|HMO	e-referral		
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	HMO	JVHL		4/1/2024
0442T	ABLTJ PERC PLEX/TRNCL NRV	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	HMO	JVHL		4/1/2024
0443T	R-T SPCTRL ALYS PRST8 TISS	BCNA|HMO	e-referral		
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	HMO	JVHL		4/1/2024
0444T	1ST PLMT DRUG ELUT OC INS	BCNA|HMO	e-referral		
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	HMO	JVHL		4/1/2024
0445T	SBSQT PLMT DRUG ELUT OC INS	BCNA|HMO	e-referral		
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	HMO	JVHL		4/1/2024
0446T	Creation of skin pocket and insertion of glucose sensor, with patient training	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	HMO	JVHL		4/1/2024
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	HMO	JVHL		4/1/2024
0448T	Removal of glucose sensor from skin pocket with creation of new skin pocket and insertion of new glucose sensor	BCNA|HMO	e-referral		
0448U	Oncology (lung and colon cancer), DNA, qualitative, next generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	HMO	JVHL		4/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	HMO	JVHL		4/1/2024
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-MS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	HMO	JVHL		7/1/2024
0451U	Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	HMO	JVHL		7/1/2024
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	HMO	JVHL		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	HMO	JVHL		7/1/2024
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	HMO	JVHL		7/1/2024
0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected	HMO	JVHL		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	HMO	JVHL		7/1/2024
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	HMO	JVHL		7/1/2024
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	HMO	JVHL		7/1/2024
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	HMO	JVHL		7/1/2024
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	HMO	JVHL		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	HMO	JVHL		7/1/2024
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	HMO	JVHL		7/1/2024
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	HMO	JVHL		7/1/2024
0464T	VISUAL EP TEST FOR GLAUCOMA	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	HMO	JVHL		7/1/2024
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	HMO	JVHL		7/1/2024
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	HMO	JVHL		7/1/2024
0467U	Oncology (bladder), DNA, next generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	HMO	JVHL		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a 5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	HMO	JVHL		7/1/2024
0469T	Screening of both eyes by retinal polarization scan	BCNA|HMO	e-referral		
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	HMO	JVHL		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	HMO	JVHL		7/1/2024
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	HMO	JVHL		7/1/2024
0472T	Evaluation and initial programming of retinal prosthesis with patient training, review and report	BCNA|HMO	e-referral		
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	HMO	JVHL		7/1/2024
0473T	Evaluation and reprogramming of retinal prosthesis with patient training, review and report	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0473U	Oncology (solid tumor), next generation sequencing (NGS) of DNA from formalin-fixed paraffin embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	HMO	JVHL		7/1/2024
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	HMO	JVHL		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0475U	Hereditary prostate cancer related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	HMO	JVHL		7/1/2024
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	HMO	JVHL		10/1/2024
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	HMO	JVHL		10/1/2024
0479T	Laser destruction of scar tissue, first 100 cm2, or 1% of body surface area of infants and children	BCNA|HMO	e-referral		
0479U	Tau, phosphorylated, pTau217	HMO	JVHL		10/1/2024
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	HMO	JVHL		10/1/2024
0481T	Injection of patient's own white blood cell concentrate	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	HMO	JVHL		10/1/2024
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with risk of progression for preeclampsia with severe features within 2 weeks	HMO	JVHL		10/1/2024
0483U	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	HMO	JVHL		10/1/2024
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	HMO	JVHL		10/1/2024
0485T	OCT scan of one ear	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	HMO	JVHL		10/1/2024
0486T	OCT scan of both ears	BCNA|HMO	e-referral		
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	HMO	JVHL		10/1/2024
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0488T	Online/electronic program for prevention of diabetes using standardized diabetes prevention program curriculum	BCNA|HMO	e-referral		
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	BCNA|HMO	JVHL		1/1/2025
0489T	Harvesting and preparation of patient's own fat cells for cell therapy for scleroderma of hands	BCNA|HMO	e-referral		
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0490T	Cell therapy for scleroderma of hands using patient's own fat cells	BCNA|HMO	e-referral		
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular–weight melanoma associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	HMO	JVHL		10/1/2024
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker–expressing cells, peripheral blood	HMO	JVHL		10/1/2024
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker– expressing cells, peripheral blood	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	HMO	JVHL		10/1/2024
0494T	Preparation and storage of donor lung	BCNA|HMO	e-referral		
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	BCNA|HMO	JVHL		1/1/2025
0495T	Initiation and monitoring of circulation in donor lung, first two hours	BCNA|HMO	e-referral		
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	HMO	JVHL		10/1/2024
0496T	Initiation and monitoring of circulation in donor lung, each additional hour	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	HMO	JVHL		10/1/2024
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	HMO	JVHL		10/1/2024
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	HMO	JVHL		10/1/2024
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	HMO	JVHL		10/1/2024
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	HMO	JVHL		10/1/2024
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	HMO	JVHL		10/1/2024
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	HMO	JVHL		10/1/2024
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0505T	Reopening of arteries in thigh and behind knee with placement of stent via catheter using imaging guidance	BCNA|HMO	e-referral		
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	HMO	JVHL		10/1/2024
0506T	Measurement of pigment density in retinas with interpretation and report	BCNA|HMO	e-referral		
0506U	Gastroenterology (Barretts esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barretts esophagus	HMO	JVHL		10/1/2024
0507T	Near infrared dual imaging of tear glands with interpretation and report	BCNA|HMO	e-referral		
0507U	Oncology (ovarian), DNA, whole genome sequencing with 5- hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	HMO	JVHL		10/1/2024
0509T	Pattern recording of retinal electrical responses to external stimuli with interpretation and report	BCNA|HMO	e-referral		
0510T	Removal of implant from tunnel on outer side of foot (sinus tarsi)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole transcriptome data, reported as probability of predicted molecular subtype	HMO	JVHL		10/1/2024
0511T	Removal and reinsertion of implant from tunnel on outer side of foot (sinus tarsi)	BCNA|HMO	e-referral		
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	HMO	JVHL		10/1/2024
0512T	High energy shock wave therapy for initial wound of outer body surface	BCNA|HMO	e-referral		
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	HMO	JVHL		10/1/2024
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (ug/mL)	HMO	JVHL		10/1/2024
0515T	Insertion of complete wireless heart stimulator system for pacing of lower left chamber of heart	BCNA|HMO	e-referral		
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (ug/mL)	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0516T	Insertion of electrode of wireless heart stimulator system for pacing of lower left chamber of heart	BCNA|HMO	e-referral		
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	HMO	JVHL		10/1/2024
0517T	Insertion of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart	BCNA|HMO	e-referral		
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	HMO	JVHL		10/1/2024
0518T	Removal of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart	BCNA|HMO	e-referral		
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	HMO	JVHL		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0519T	Removal and replacement of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart	BCNA|HMO	e-referral		
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	HMO	JVHL		10/1/2024
0520T	Removal and replacement of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart, with placement of new electrode	BCNA|HMO	e-referral		
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	HMO	JVHL		10/1/2024
0521T	Evaluation of parameters of wireless heart stimulator system for pacing of lower left chamber of heart including connection, recording, disconnection, and analysis	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0522T	Evaluation, testing, and programming adjustment of wireless heart stimulator system for pacing of lower left chamber of heart with qualified health care professional analysis, review, and report	BCNA	e-referral		
0522U	CA VI PSP & SP1 ANTB CL SEMIQL	HMO	JVHL		
0523U	ONC SOLTUM DNA NGS SNV 22GEN	HMO	JVHL		
0524T	Chemical destruction of insufficient vein of arm or leg via catheter using imaging guidance	BCNA|HMO	e-referral		
0524U	OB PE SFLT-1/PLGF IA SRM/PLS	HMO	JVHL		
0525T	Insertion or replacement of complete monitoring system for deficient blood flow in heart muscle using imaging guidance	BCNA|HMO	e-referral		
0525U	ONC SPHRD CELL CUL 11-RX PNL	HMO	JVHL		
0526T	Insertion or replacement of electrode of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	BCNA|HMO	e-referral		
0526U	NEFRO RNL TRNSPL QUAN CXCL10	HMO	JVHL		
0527T	Insertion or replacement of implantable monitor of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	BCNA|HMO	e-referral		
0527U	HSV 1 & 2 VZV AMP PRB TQ PTHGN	HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0528T	Evaluation, testing, and programming adjustment of monitoring system for deficient blood flow in heart muscle with analysis, review, and report	BCNA|HMO	e-referral		
0528U	LRT IAD 18BCT/8VIR & 7ARG RNA	HMO	JVHL		
0529T	Evaluation of parameters of monitoring system for deficient blood flow in heart muscle with analysis, review, and report	BCNA|HMO	e-referral		
0529U	HEM VTE SNP F2 & F5 GEN LEIDEN	HMO	JVHL		
0530T	Removal of complete monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	BCNA|HMO	e-referral		
0530U	ONC PAN-SOL TUM CTDNA 77 GEN	HMO	JVHL		
0531T	Removal of electrode of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	BCNA|HMO	e-referral		
0531U	NFCT DS AFB&INV FNG 673ORGS	HMO	JVHL		
0532T	Removal of implantable monitor of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	BCNA|HMO	e-referral		
0533U	RX METAB ADVRS GNOTYP 16GENS	HMO	JVHL		
0534U	ONC PRST8 MIRNA SNP 32 VRNT	HMO	JVHL		
0535U	PFAS LC-MS/MS PLSM/SRM QUAN	HMO	JVHL		
0536U	RBCAG FTL RHD PCR ALYS EXON4	HMO	JVHL		
0537U	ONC CLRCT CA CFDNA >2500 DMR	HMO	JVHL		
0538U	ONC SOL TUM NGTS FFPE 600GEN	HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0539U	ONC SOL TUMOR CFCTDNA 152GEN	HMO	JVHL		
0540U	TRNSPLJ MED QUAN DD-CFDNA	HMO	JVHL		
0541U	CV DS HDL RCT CEC LC-MS/MS 5	HMO	JVHL		
0542U	NEFRO RENAL TRNSPL UR NMR 84	HMO	JVHL		
0543T	Repair of valve between upper left and lower left chambers of heart (mitral valve) with insertion of artificial supporting tendons, accessed through apex of heart	BCNA|HMO	e-referral		
0544T	Reconstruction of junction between upper left and lower left chambers of heart (annulus of mitral valve) with implantation of adjustable reconstruction device, via catheter, accessed through skin	BCNA|HMO	e-referral		
0545T	Reconstruction of junction between upper right and lower right chambers of heart (annulus of tricuspid valve) with implantation of adjustable reconstruction device, via catheter, accessed through skin	BCNA|HMO	e-referral		
0545U	ACHR ANTB ID IMFLUOR LIVECLL	HMO	JVHL		
0546T	Radiofrequency spectroscopy evaluation of surgical margins during partial mastectomy, with report	BCNA|HMO	e-referral		
0546U	LDNS LRP4 ANTB IMFLR LIVECLL	HMO	JVHL		
0547T	Bone material quality testing by microindentations of shin bone	BCNA|HMO	e-referral		
0547U	NEURFLMNT LT CHN CLEIA PLSM	HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0548U	GFAP CLEIA PLASMA	HMO	JVHL		
0549U	ONC URTHL DNA MTHYLTD RT PCR	HMO	JVHL		
0552U	REPR MED PGA GDO TE BX LOCUS	HMO	JVHL		
0553U	REPR MED PGA EMBRY TE STRUX	HMO	JVHL		
0554T	Bone strength and fracture risk assessment: retrieval and transmission of CT scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	BCNA|HMO	e-referral		
0554U	REPR MED PGA 24CHRM TE BX QC	HMO	JVHL		
0555T	Bone strength and fracture risk assessment: retrieval and transmission of CT scan data only	BCNA|HMO	e-referral		
0555U	REPR MED PGA EMBRYONIC TE QC	HMO	JVHL		
0556T	Bone strength and fracture risk assessment: assessment of bone strength and fracture risk and bone mineral density	BCNA|HMO	e-referral		
0556U	NFCT DS P-S DNA & RNA 12 TRGTS	HMO	JVHL		
0557T	Bone strength and fracture risk assessment: interpretation and report	BCNA|HMO	e-referral		
0557U	NFCT DS BV DNA MRK VAG FLUID	HMO	JVHL		
0558T	CT scan for biomechanical computed tomography analysis	BCNA|HMO	e-referral		
0558U	ONC CLRCT ELISA BF7 AG SERUM	HMO	JVHL		
0559T	3-D printed anatomic model; first individually prepared and processed component of anatomic structure	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0559U	ONC BRS QUAN ELISA BF9AG SRM	HMO	JVHL		
0560U	ONC MRD GSA CFDNA BASELINE	HMO	JVHL		
0561T	3-D printed anatomic guide; first guide	BCNA|HMO	e-referral		
0561U	ONC MRD GSA CFDNA SUBSEQUENT	HMO	JVHL		
0562T	3-D printed anatomic guide; each additional guide	BCNA|HMO	e-referral		
0562U	ONC SOL TUM TGSA 33GENS SNVS	HMO	JVHL		
0563T	Evacuation of meibomian tear glands of eyelids of both eyes	BCNA|HMO	e-referral		
0563U	NFCT DS PTHGN-SNA 11VIR & 4BCT	HMO	JVHL		
0564U	NFCT DS PTHGN-SNA 10VIR & 4BCT	HMO	JVHL		
0565T	Harvesting of fatty tissue and creation of cellular implant for treatment of osteoarthritis	BCNA|HMO	e-referral		
0565U	ONC HCC NGS DETC 6626EPIGALT	HMO	JVHL		
0566T	Injection of fatty tissue cellular implant for treatment of osteoarthritis in knee, using ultrasound guidance	BCNA|HMO	e-referral		
0566U	ONC LNG QPCR-BSD ALYS 13DMRS	HMO	JVHL		
0567U	RARE DS WHL GEN SEQ SRS & LRS	HMO	JVHL		
0568U	NEUROL DEMENTIA BETA AMYL PTAU	HMO	JVHL		
0569T	Repair of valve between upper right and lower right chambers of heart (tricuspid valve) using prosthesis delivered via catheter, accessed through skin; initial prosthesis	BCNA|HMO	e-referral		
0569U	ONC SOL TUM NGS TMM>20000DMR	HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0570T	Repair of valve between upper right and lower right chambers of heart (tricuspid valve) using prosthesis delivered via catheter, accessed through skin; each additional prosthesis	BCNA|HMO	e-referral		
0570U	NEUROL TBI ALYS GFAP & UCH-L1	HMO	JVHL		
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with electrodes under breastbone	BCNA|MAPPO	Carelon		
0571U	ONC SOL TUM DNA80 & RNA10G NGS	HMO	JVHL		
0572T	Insertion of implantable defibrillator electrode under breastbone	BCNA|MAPPO	Carelon		
0572U	ONC PRST8 HTTL QFISH WHL BLD	HMO	JVHL		
0573T	Removal of implantable defibrillator electrode from under breastbone	BCNA|MAPPO	Carelon		
0573U	ONC PANCREAS 3BMRK PCLF ALG	HMO	JVHL		
0574T	Repositioning of previously implanted defibrillator electrode under breastbone	BCNA|MAPPO	Carelon		
0574U	MTB CFP-10 SERUM/PLSM LC-MS	HMO	JVHL		
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	BCNA|HMO	JVHL		10/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next-generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score	BCNA|HMO	JVHL		10/1/2025
0577U	Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy	HMO	JVHL		10/1/2025
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	HMO	JVHL		10/1/2025
0579T	Remote interrogation device evaluation of implantable cardioverter-defibrillator system with lead under breastbone, with remote data acquisitions, receipt of transmissions and technician review, technical support and distribution of results	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0579U	Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline	HMO	JVHL		10/1/2025
0580T	Removal of implantable defibrillator pulse generator from under breastbone	BCNA|HMO	e-referral		
0580U	Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG	HMO	JVHL		10/1/2025
0581T	Freezing destruction of malignant breast tumors in one breast, accessed through skin	BCNA|HMO	e-referral		
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported	HMO	JVHL		10/1/2025
0582T	High-energy water vapor heat destruction of malignant prostate tissue, including imaging and needle guidance	BCNA|HMO	e-referral		
0583T	Insertion of ventilating tube in eardrum using an automated tube delivery system under local anesthesia	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0583U	RARE DS RPD WHLGEN CMPTR DNA	BCNA	JVHL		
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking induced conformational conversion, qualitative	HMO	JVHL		10/1/2025
0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	BCNA|HMO	JVHL		10/1/2025
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	BCNA|HMO	JVHL		10/1/2025
0587T	Implantation of nerve-stimulating device in posterior tibial nerve, accessed through skin	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects	HMO	JVHL		10/1/2025
0588T	Revision or removal of nerve-stimulating device in posterior tibial nerve	BCNA|HMO	e-referral		
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days	HMO	JVHL		10/1/2025
0589T	Electronic analysis with simple programming of nerve-stimulating device in posterior tibial nerve	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	HMO	JVHL		10/1/2025
0590T	Electronic analysis with complex programming of nerve-stimulating device in posterior tibial nerve	BCNA|HMO	e-referral		
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism	HMO	JVHL		10/1/2025
0591T	Face-to-face health and well-being coaching of individual, initial assessment	BCNA|HMO	e-referral		
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer	HMO	JVHL		10/1/2025
0592T	Face-to-face health and well-being coaching of individual, follow-up session, at least 30 minutes	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)	BCNA|HMO	JVHL		10/1/2025
0593T	Face-to-face health and well-being coaching of group, at least 30 minutes	BCNA|HMO	e-referral		
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected	HMO	JVHL		10/1/2025
0594T	Incision of upper arm bone and insertion of bone-lengthening device in marrow cavity	BCNA|HMO	e-referral		
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis	HMO	JVHL		10/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected	HMO	JVHL		10/1/2025
0596T	Initial insertion of temporary valve-pump in female urethra	BCNA|HMO	e-referral		
0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), reported as an APOE prototype	HMO	JVHL		10/1/2025
0597T	Replacement of temporary valve-pump in female urethra	BCNA|HMO	e-referral		
0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score	BCNA|HMO	JVHL		10/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0598T	Fluorescence wound imaging for bacteria, first anatomic site	BCNA|HMO	e-referral		
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels	HMO	JVHL		10/1/2025
0599T	Fluorescence wound imaging for bacteria, each additional anatomic site	BCNA|HMO	e-referral		
0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative	HMO	JVHL		10/1/2025
0600T	Irreversible electroporation destruction of growths of internal organ, accessed through skin	BCNA|HMO	e-referral		
0600U	NFCT DS WND INFCTJ 65ORGS&30	HMO	JVHL		1/1/2026
0601T	Irreversible electroporation destruction of growths of internal organ, open procedure	BCNA|HMO	e-referral		
0601U	NFCT DS PJI ALYS 11 BMRKS IA	HMO	JVHL		1/1/2026
0602T	Measurement of kidney filtration rate using skin sensor and single dose of fluorescent agent	BCNA|HMO	e-referral		
0602U	ENDOCRIN DM INS GEN MTHYLTN	HMO	JVHL		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0603T	Monitoring of kidney filtration rate using skin sensor and multiple doses of fluorescent agent	BCNA|HMO	e-referral		
0603U	RX ASY PRSMV 77RX/METABLT UR	HMO	JVHL		1/1/2026
0604T	Provision of device and patient education for remote OCT imaging of retina	BCNA|HMO	e-referral		
0604U	ALL&IMMUNOLOGY CRAE 4BK PEP	HMO	JVHL		1/1/2026
0605T	Technical support, data analyses and report of remote OCT imaging of retina	BCNA|HMO	e-referral		
0605U	U ALL&IMMUNOLOGY HAT TPSAB1	HMO	JVHL		1/1/2026
0606T	Physician review, interpretation and report of remote OCT imaging of retina	BCNA|HMO	e-referral		
0606U	H EM RED CLL MEMB DO RBC OGE	HMO	JVHL		1/1/2026
0607T	Set-up and patient education for remote monitoring of lung fluid monitoring system	BCNA|HMO	e-referral		
0607U	REPRDTVE MED EMA RTPCR 31BCT	HMO	JVHL		1/1/2026
0608T	Data analysis and report transmission to health care professional for remote monitoring of lung fluid monitoring system	BCNA|HMO	e-referral		
0608U	REPRDTVE MED EMA RTPCR 10BCT	HMO	JVHL		1/1/2026
0609T	Acquisition of MR spectroscopy data on biomarkers for spinal disc pain	BCNA|HMO	e-referral		
0609U	ONC PROSTATE IA TOT&FREE PSA	HMO	JVHL		1/1/2026
0610T	Transmission of MR spectroscopy data on biomarkers for spinal disc pain	BCNA|HMO	e-referral		
0610U	NFCT DS ANTMCR SC PHENOTYPIC	HMO	JVHL		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0611T	Analysis of MR spectroscopy data on biomarkers for spinal disc pain	BCNA|HMO	e-referral		
0611U	ONC LVR ALYS >1000 MR CFDNA	HMO	JVHL		1/1/2026
0612T	Interpretation and report of MR spectroscopy data on biomarkers for spinal disc pain	BCNA|HMO	e-referral		
0612U	ONC LVR ALYS >1000 MR CFDNA	HMO	JVHL		1/1/2026
0613T	Implantation of shunt in partition between upper heart chambers via catheter, accessed through skin	BCNA|HMO	e-referral		
0613U	ONC UC DNA MTHYLTN&MUT 6BMRK	HMO	JVHL		1/1/2026
0614U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 4 enzyme complexes by stained blue native polyacrylamide gel electrophoresis (PAGE), frozen tissue (muscle, liver, heart, cultured skin fibroblasts), diagnostic qualitative result	HMO	JVHL		4/1/2026
0615T	Eye-movement analysis with interpretation and report	BCNA|HMO	e-referral		
0615U	Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM	HMO	JVHL		4/1/2026
0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0617U	Cardiovascular (atherosclerotic cardiovascular disease), [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	HMO	JVHL		4/1/2026
0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0620T	Insertion of stent to shunt arterial blood to deep vein of lower leg via catheter using imaging guidance	BCNA|HMO	e-referral		
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0621T	Laser incision of drainage tissue within eye (trabecular meshwork)	BCNA|HMO	e-referral		
0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0622T	Laser incision of drainage tissue within eye (trabecular meshwork) using ocular endoscope	BCNA|HMO	e-referral		
0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	BCNA|HMO	JVHL		4/1/2026
0627T	Injection of cell or tissue-based material into spinal disc of lower back accessed through skin, first level	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0628T	Injection of cell or tissue-based material into spinal disc of lower back accessed through skin, each additional level	BCNA|HMO	e-referral		
0628U	Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic, variants of uncertain significance, or risk alleles	BCNA|HMO	JVHL		4/1/2026
0630U	Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected	BCNA|HMO	JVHL		4/1/2026
0631U	Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor	BCNA|HMO	JVHL		7/1/2026
0632T	Destruction of nerves to main arteries of lung, accessed through skin via catheter using imaging guidance	BCNA|HMO	e-referral		
0633T	CT of one breast with 3D rendering	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0633U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), next-generation sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score	BCNA|HMO	JVHL		7/1/2026
0634T	CT of one breast with contrast and 3D rendering	BCNA|HMO	e-referral		
0634U	Oncology (breast cancer), cell-free DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative	HMO	JVHL		7/1/2026
0635T	CT of one breast before and after contrast with 3D rendering	BCNA|HMO	e-referral		
0635U	Autoimmune (atopic dermatitis), mRNA, next-generation sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy	HMO	JVHL		7/1/2026
0636T	CT of both breasts with 3D rendering	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0636U	Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgG	HMO	JVHL		7/1/2026
0637T	CT of both breasts with contrast and 3D rendering	BCNA|HMO	e-referral		
0637U	Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgM	HMO	JVHL		7/1/2026
0638T	CT of both breasts before and after contrast with 3D rendering	BCNA|HMO	e-referral		
0638U	Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgG	HMO	JVHL		7/1/2026
0639T	Wireless skin sensor evaluation of flow in cerebrospinal fluid shunt using ultrasound guidance	BCNA|HMO	e-referral		
0639U	Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgM	HMO	JVHL		7/1/2026
0640T	Noncontact near-infrared spectroscopy study of flap or wound with image acquisition, interpretation and report, each flap or wound	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM,and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	HMO	JVHL		7/1/2026
0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment	BCNA|HMO	JVHL		7/1/2026
0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level	BCNA|HMO	JVHL		7/1/2026
0643T	Implantation of restoration device into left lower chamber of heart through catheter	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0643U	Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for single-nucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	BCNA|HMO	JVHL		7/1/2026
0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	HMO	JVHL		7/1/2026
0645T	Implantation of coronary sinus reduction device in heart through catheter	BCNA|HMO	e-referral		
0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	HMO	JVHL		7/1/2026
0646T	Implantation of artificial valve between right upper and lower chambers of heart through catheter	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffin embedded (FFPE) tumor tissue DNA, baseline assessment	BCNA|HMO	JVHL		7/1/2026
0647T	Insertion of tube into stomach through skin using ultrasound guidance	BCNA|HMO	e-referral		
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patient specific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)	BCNA|HMO	JVHL		7/1/2026
0648T	Quantitative magnetic resonance analysis of tissue composition without diagnostic MRI examination	BCNA|HMO	e-referral		
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalin fixed paraffin-embedded (FFPE) tissue	BCNA|HMO	JVHL		7/1/2026
0649T	QUAN MR TISS W/MRI 1ORGN	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0649U	Neurology (Alzheimer disease), DNA, targeted next generation sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	HMO	JVHL		7/1/2026
0650T	Remote programming device evaluation of subcutaneous (under skin) heart rhythm monitor system	BCNA|HMO	e-referral		
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	BCNA|HMO	JVHL		7/1/2026
0651T	Examination of esophagus and stomach using a magnetically controlled capsule endoscope	BCNA|HMO	e-referral		
0651U	Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood or nail clipping, interpretive clinical report with variant classification	BCNA|HMO	JVHL		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0652T	Diagnostic inspection of esophagus, stomach, and upper small intestine using a flexible endoscope through nose	BCNA|HMO	e-referral		
0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	BCNA|HMO	JVHL		7/1/2026
0653T	Inspection of esophagus, stomach, and upper small intestine with biopsy using a flexible endoscope through nose	BCNA|HMO	e-referral		
0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	BCNA|HMO	JVHL		7/1/2026
0654T	Inspection of esophagus, stomach, and upper small intestine with insertion of tube or catheter using a flexible endoscope through nose	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	HMO	JVHL		7/1/2026
0655T	Destruction of prostate cancer tissue by laser using ultrasound guidance	BCNA|HMO	e-referral		
0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	HMO	JVHL		7/1/2026
0656T	Tethering of 7 or fewer spine bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	HMO	JVHL		7/1/2026
0657T	Tethering of 8 or more spine bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results (Use 0657U in conjunction with 0658U)	BCNA|HMO	JVHL		7/1/2026
0658T	Electrical impedance spectroscopy of 1 or more skin growths to evaluate risk of melanoma	BCNA|HMO	e-referral		
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants (Use 0658U in conjunction with 0657U)	BCNA|HMO	JVHL		7/1/2026
0659T	Infusion of supersaturated oxygen into heart during heart attack with review by radiologist	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	BCNA|HMO	JVHL		7/1/2026
0660T	Implantation of drug-releasing device in front chamber of eye	BCNA|HMO	e-referral		
0661T	Removal and reimplantation of drug-releasing device in front chamber of eye	BCNA|HMO	e-referral		
0664T	Removal of uterus from cadaver donor	BCNA|HMO	e-referral		
0665T	Removal of uterus from living donor	BCNA|HMO	e-referral		
0666T	Removal of uterus from living donor using a laparoscope	BCNA|HMO	e-referral		
0667T	Transplantation of uterus from donor	BCNA|HMO	e-referral		
0668T	Preparation of donor uterus for transplantation	BCNA|HMO	e-referral		
0669T	Reconstruction of donor uterus, each vein-to-vein connection	BCNA|HMO	e-referral		
0670T	Reconstruction of donor uterus, each artery-to-artery connection	BCNA|HMO	e-referral		
0671T	Insertion of drainage device into drainage tissue within eye (trabecular meshwork)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0672T	Radiofrequency remodeling of tissues surrounding female bladder neck and proximal urethra for urinary incontinence	BCNA|HMO	e-referral		
0673T	Laser destruction of benign growth of thyroid using imaging guidance	BCNA|HMO	e-referral		
0674T	Insertion of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, including an implantable pulse generator and diaphragmatic leads, using a laparoscope	BCNA|HMO	e-referral		
0675T	Insertion of first lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	BCNA|HMO	e-referral		
0677T	Repositioning of first lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	BCNA|HMO	e-referral		
0679T	Removal of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function using a laparoscope	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0680T	Insertion or replacement of pulse generator only of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead	BCNA|HMO	e-referral		
0681T	Relocatation of pulse generator only of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	BCNA|HMO	e-referral		
0682T	Removal of pulse generator only of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	BCNA|HMO	e-referral		
0683T	In-person programming device evaluation of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function with analysis, review and report by qualified health care professional	BCNA|HMO	e-referral		
0684T	In-person programming device evaluation and programming of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function before procedure	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0685T	In-person interrogation device evaluation of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function with analysis, review and report by qualified health care professional	BCNA|HMO	e-referral		
0686T	Acoustic energy destruction of malignant liver tissue using imaging guidance	BCNA|HMO	e-referral		
0687T	Device supply, educational set-up, and initial session for online digital treatment of amblyopia	BCNA|HMO	e-referral		
0688T	Assessment of patient performance and program data for online digital treatment of amblyopia by healthcare professional with report, per calendar month	BCNA|HMO	e-referral		
0689T	Quantitative ultrasound tissue characterization with interpretation and report	BCNA|HMO	e-referral		
0691T	Automated analysis of existing CT study for fractue of spine, with data preparation, interpretation, and report	BCNA|HMO	e-referral		
0692T	Therapeutic ultrafiltration	BCNA|HMO	e-referral		
0693T	Comprehensive full body computer-based markerless 3D motion analysis and report	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0694T	Real-time 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue in surgical specimen, with interpretation and report	BCNA|HMO	e-referral		
0695T	Body surface-activation mapping of cardiac resynchronization therapy device, with review, and report, at time of implant or replacement	BCNA|HMO	e-referral		
0696T	Body surface-activation mapping of cardiac resynchronization therapy device, with review, and report, at time of follow-up device evaluation	BCNA|HMO	e-referral		
0697T	Quantitative magnetic resonance for analysis of tissue composition of multiple organs, with interpretation and report	BCNA|HMO	e-referral		
0699T	Injection of medication into posterior chamber of eye	BCNA|HMO	e-referral		
0700T	Molecular fluorescent imaging of first suspicious mole	BCNA|HMO	e-referral		
0704T	Device supply, initial set-up, and patient education for remote treatment of amblyopia using eye tracking device	BCNA|HMO	e-referral		
0705T	Surveillance center technical support for remote treatment of amblyopia using eye tracking device, at least 18 training hours, each 30 days	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0706T	Health care professional interpretation and report of remote treatment of amblyopia using eye tracking device, per 30 days	BCNA|HMO	e-referral		
0707T	Injection of bone-substitute material into defect of bone using imaging guidance and endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
0708T	Preparation and initial injection of cancer immunotherapy into skin	BCNA|HMO	e-referral		
0710T	Noninvasive analysis of plaque in artery using software processing of CT data, with data preparation and transmission, interpretation and report	BCNA|HMO	e-referral		
0711T	Preparation and transmission of data for noninvasive analysis of plaque in artery using software processing of CT data	BCNA|HMO	e-referral		
0712T	Evaluation of artery wall and plaque to assess stability of plaque noninvasive analysis of plaque in artery using software processing of CT data	BCNA|HMO	e-referral		
0714T	Transperineal laser destruction of benign prostatic enlargement using imaging guidance	BCNA|HMO	e-referral		
0716T	Acoustic waveform recording of heart with automated analysis and generation of coronary artery disease risk score	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0717T	Harvesting of patient's own fatty tissue and preparation of cells for autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear	BCNA|HMO	e-referral		
0718T	Injection of autologous adipose-derived regenerative cell (ADRC) therapy into supraspinatus tendon of one shoulder using ultrasound guidance, for partial thickness rotator cuff tear	BCNA|HMO	e-referral		
0719T	Replacement of posterior joint in single segment of spine in lower back (lumbar) using imaging guidance	BCNA|HMO	e-referral		
0721T	Quantitative computed tomography (CT scan) tissue characterization with interpretation and report	BCNA|HMO	e-referral		
0722T	Quantitative computed tomography (CT scan) tissue characterization with interpretation and report and concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset	HMO	e-referral		
0723T	Quantitative magnetic resonance (MR scan) imaging of gallbladder, bile ducts, pancreas and pancreatic duct cholangiopancreatography (QMRCP), with data preparation and transmission, interpretation and report	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0724T	Quantitative magnetic resonance (MR scan) imaging of gallbladder, bile ducts, pancreas and pancreatic duct cholangiopancreatography (QMRCP), with data preparation and transmission, interpretation and report and with diagnostic magnetic resonance imaging	BCNA|HMO	e-referral		
0725T	Implantation of vestibular nerve stimulation device in one ear	BCNA|HMO	e-referral		
0726T	Removal of implanted vestibular device, unilateral	HMO	e-referral		
0727T	Removal and replacement of vestibular nerve stimulation device from one ear	BCNA|HMO	e-referral		
0728T	Diagnostic analysis and initial programming of vestibular nerve stimulation device in one ear	BCNA|HMO	e-referral		
0729T	Diagnostic analysis and subsequent programming of vestibular nerve stimulation device in one ear	BCNA|HMO	e-referral		
0730T	Laser incision of drainage tissue within eye (trabeculotomy) using optical coherence tomography (OCT) guidance	BCNA|HMO	e-referral		
0731T	Augmentative artificial intelligence-based analysis of facial features (facial phenotype) for possible genetic syndromes with report	BCNA|HMO	e-referral		
0732T	Administration of immunotherapy into muscle using electric pulse (electroporation)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0733T	Device supply and technical support for remote real-time, motion capture-based neurorehabilitative therapy, per 30 days	BCNA|HMO	e-referral		
0734T	Treatment management service for remote real-time, motion capture-based neurorehabilitative therapy, per calendar month	BCNA|HMO	e-referral		
0735T	Preparation of tumor cavity and placement of radiation therapy applicator for intraoperative radiation therapy (IORT) at time of primary incision of skull	BCNA|HMO	e-referral		
0736T	Insertion of rectal catheter and flushing of colon with gravity-fed 35 or more liters of water	BCNA|HMO	e-referral		
0737T	Implantation of nonhuman tissue graft into surface of joint	BCNA|HMO	e-referral		
0738T	Treatment planning for destruction of prostate cancer by magnetic field induction, using data from previously performed MRI	BCNA|HMO	e-referral		
0739T	Destruction of prostate cancer by magnetic field induction	BCNA|HMO	e-referral		
0742T	SPECT measurement of blood flow to heart muscle	BCNA|HMO	e-referral		
0743T	Bone strength and fracture-risk assessment with assessment for broken spine bones	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0744T	Insertion of bioprosthetic valve in vein of thigh (femoral vein)	BCNA|HMO	e-referral		
0745T	Noninvasive localization and mapping of heart tissue causing abnormal heart rhythm for radiation treatment for focal destruction of arrhythmia site	BCNA|HMO	e-referral		
0746T	Conversion of localization and mapping of heart tissue causing abnormal heart rhythm into a multidimensional radiation treatment plan for focal destruction of arrhythmia site	BCNA|HMO	e-referral		
0747T	Radiation treatment for focal destruction of arrhythmia site causing abnormal heart rhythm	BCNA|HMO	e-referral		
0748T	Injections of stem cell product into soft tissue around abnormal drainage tract next to anus	BCNA|HMO	e-referral		
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD)	BCNA|HMO	e-referral		
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) with single-view digital X-ray of hand	BCNA|HMO	e-referral		
0751T	Digitization of glass microscope slides for level II surgical pathology	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0752T	Digitization of glass microscope slides for level III surgical pathology	BCNA|HMO	e-referral		
0753T	Digitization of glass microscope slides for level IV surgical pathology	BCNA|HMO	e-referral		
0754T	Digitization of glass microscope slides for level V surgical pathology	BCNA|HMO	e-referral		
0755T	Digitization of glass microscope slides for level VI surgical pathology	BCNA|HMO	e-referral		
0756T	Digitization of glass microscope slides for Group I special stain for microorganisms	BCNA|HMO	e-referral		
0757T	Digitization of glass microscope slides for Group II special stain	BCNA|HMO	e-referral		
0758T	Digitization of glass microscope slides for histochemical special stain on frozen tissue block	BCNA|HMO	e-referral		
0759T	Digitization of glass microscope slides for Group III special stain	BCNA|HMO	e-referral		
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, initial single antibody stain procedure	BCNA|HMO	e-referral		
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, each additional single antibody stain procedure	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, each multiplex antibody stain procedure	BCNA|HMO	e-referral		
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry, each manual single antibody stain procedure	BCNA|HMO	e-referral		
0764T	Assistive algorithmic EKG risk-based assessment for heart dysfunction based on EKG performed at same time	BCNA|HMO	e-referral		
0765T	Assistive algorithmic EKG risk-based assessment for heart dysfunction based on previous EKG	BCNA|HMO	e-referral		
0766T	Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, initial treatment on first nerve	BCNA|HMO	e-referral		
0767T	Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, initial treatment on additional nerve	BCNA|HMO	e-referral		
0770T	Virtual reality technology to assist therapy	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0771T	Virtual reality (VR) procedural dissociation services provided by same health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, initial 15 minutes, patient age 5 years or older	BCNA|HMO	e-referral		
0772T	Virtual reality (VR) procedural dissociation services provided by same health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, additional 15 minutes	BCNA|HMO	e-referral		
0773T	Virtual reality (VR) procedural dissociation services provided by different health care professional than health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, initial 15 minutes, patient age 5 years	BCNA|HMO	e-referral		
0774T	Virtual reality (VR) procedural dissociation services provided by different health care professional than health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, additional 15 minutes	BCNA|HMO	e-referral		
0776T	Therapeutic induction of low temperature in brain, 30 minutes of treatment	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0777T	Real-time pressure-sensing epidural guidance system	BCNA|HMO	e-referral		
0778T	Surface mechanomyography (sMMG) with application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	BCNA|HMO	e-referral		
0779T	Study of gastrointestinal muscle electric activity of stomach through large intestine	BCNA|HMO	e-referral		
0781T	Insertion of protection device in esophagus and radiofrequency destruction of nerves to lung in mainstem airway on one side of body using endoscope	BCNA|HMO	e-referral		
0782T	Insertion of protection device in esophagus and radiofrequency destruction of nerves to lung in both mainstem airways using endoscope	BCNA|HMO	e-referral		
0783T	Set-up, calibration, and patient education on use of equipment or stimulation of nerve to external ear and surrounding area (auricular nerve) through skin	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0793T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	BCNA|HMO	e-referral		
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	BCNA|HMO	e-referral		
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	HMO	e-referral		12/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	HMO	e-referral		12/1/2024
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	HMO	e-referral		12/1/2024
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	BCNA|HMO	e-referral		
0807T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	BCNA|HMO	e-referral		
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	BCNA|HMO	e-referral		
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0810T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	BCNA|HMO	e-referral		
0811T	REM MLT DAY UROFLOW SETUP	BCNA|HMO	e-referral		
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	BCNA|HMO	e-referral		
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	BCNA|HMO	e-referral		
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	BCNA|HMO	e-referral		
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	HMO	e-referral		
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	HMO	e-referral		
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	HMO	e-referral		
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography	BCNA|HMO	e-referral		
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an	BCNA|HMO	e-referral		
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria	BCNA|HMO	e-referral		
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	BCNA|HMO	e-referral		
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition	BCNA|HMO	e-referral		
0828T	simple filter method with interpretation (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code	BCNA|HMO	e-referral		
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cer	BCNA|HMO	e-referral		
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to co	BCNA|HMO	e-referral		
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0833T	preparation, screening and interpretation (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0834T	extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evalua	BCNA|HMO	e-referral		
0836T	immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary pro	BCNA|HMO	e-referral		
0837T	interpretation and report (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary proce	BCNA|HMO	e-referral		
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to	BCNA|HMO	e-referral		
0842T	each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0843T	cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0844T	cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedur	BCNA|HMO	e-referral		
0846T	each additional single antibody stain procedure (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational an	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for prima	BCNA|HMO	e-referral		
0849T	each additional single probe stain procedure (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0850T	each multiplex probe stain procedure (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain p	BCNA|HMO	e-referral		
0852T	each additional single probe stain procedure (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0853T	each multiplex probe stain procedure (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition t	BCNA|HMO	e-referral		
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	BCNA|HMO	e-referral		
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	BCNA|HMO	e-referral		
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	BCNA|HMO	e-referral		
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	BCNA|HMO	e-referral		
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	BCNA|HMO	e-referral		
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	HMO	e-referral		7/1/2024
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	HMO	e-referral		7/1/2024
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	HMO	e-referral		7/1/2024
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	HMO	e-referral		7/1/2024
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	HMO	e-referral		7/1/2024
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	HMO	e-referral		7/1/2024
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	HMO	e-referral		7/1/2024
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	HMO	e-referral		7/1/2024
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	HMO	e-referral		7/1/2024
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	HMO	e-referral		7/1/2024
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	HMO	e-referral		7/1/2024
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2024
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2024
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	HMO	e-referral		7/1/2024
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	HMO	e-referral		7/1/2024
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2024
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	HMO	e-referral		7/1/2024
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	HMO	e-referral		7/1/2024
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	HMO	e-referral		7/1/2024
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	HMO	e-referral		7/1/2024
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	HMO	e-referral		7/1/2024
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2024
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	HMO	e-referral		7/1/2024
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2024
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2024
0901T	Placement of bone marrow sampling port, including imaging guidance when performed	HMO	e-referral		10/1/2024
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	HMO	e-referral		10/1/2024
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	HMO	e-referral		10/1/2024
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	HMO	e-referral		10/1/2024
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	HMO	e-referral		10/1/2024
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	HMO	e-referral		10/1/2024
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	HMO	e-referral		10/1/2024
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0910T	Removal of integrated neurostimulation system, vagus nerve	HMO	e-referral		10/1/2024
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	HMO	e-referral		10/1/2024
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	HMO	e-referral		10/1/2024
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)	HMO	e-referral		10/1/2024
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	HMO	e-referral		10/1/2024
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	HMO	e-referral		10/1/2024
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	HMO	e-referral		10/1/2024
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	HMO	e-referral		10/1/2024
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	HMO	e-referral		10/1/2024
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	HMO	e-referral		10/1/2024
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	HMO	e-referral		10/1/2024
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	HMO	e-referral		10/1/2024
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	HMO	e-referral		10/1/2024
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	HMO	e-referral		10/1/2024
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	HMO	e-referral		10/1/2024
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	HMO	e-referral		10/1/2024
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	HMO	e-referral		10/1/2024
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	HMO	e-referral		10/1/2024
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional	HMO	e-referral		10/1/2024
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	HMO	e-referral		10/1/2024
0936T	Photobiomodulation therapy of retina, single session	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	HMO	e-referral		10/1/2024
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	HMO	e-referral		10/1/2024
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	HMO	e-referral		10/1/2024
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	HMO	e-referral		10/1/2024
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0942T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	HMO	e-referral		10/1/2024
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	HMO	e-referral		10/1/2024
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	HMO	e-referral		10/1/2024
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	HMO	e-referral		10/1/2024
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	HMO	e-referral		10/1/2024
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	HMO	e-referral		
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	HMO	e-referral		
0950T	Ablation of benign prostate tissue, transrectal, with high intensity - focused ultrasound (HIFU), including ultrasound guidance	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	HMO	e-referral		
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor	HMO	e-referral		
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor	HMO	e-referral		
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers	HMO	e-referral		
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components	HMO	e-referral		
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	HMO	e-referral		
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	HMO	e-referral		
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	HMO	e-referral		
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance	HMO	e-referral		
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional	HMO	e-referral		
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	HMO	e-referral		
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	HMO	e-referral		
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	HMO	e-referral		
0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	HMO	e-referral		
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	HMO	e-referral		
0969T	Removal of epicranial neurostimulator system	HMO	e-referral		
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	HMO	e-referral		
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	HMO	e-referral		
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	HMO	e-referral		
0974T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; each additional 100 sq cm (List separately in addition to code for primary procedure)	HMO	e-referral		
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0976T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; each additional 100 sq cm (List separately in addition to code for primary procedure)	HMO	e-referral		
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	HMO	e-referral		
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	HMO	e-referral		
0979T	Submucosal cryolysis therapy; soft palate only	HMO	e-referral		
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	HMO	e-referral		
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	HMO	e-referral		
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	HMO	e-referral		
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0985T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	HMO	e-referral		
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	HMO	e-referral		
0987T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	HMO	e-referral		
0988T	OPN INS/RPLC INS PTN SBQ&SBF	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0989T	REVJ/RMVL INS PTN SUBQ&SUB	HMO	e-referral		
0990T	TRNCRV INST BIOD HYDRGL MTRL	HMO	e-referral		
0991T	CYSTO LO-NRG LITHTRP&MCRSPHR	HMO	e-referral		
0992T	N-INVAS ASSMT CAR RSK W/O CT	HMO	e-referral		
0993T	N-INVAS ASSMT CAR RSK W/CT	HMO	e-referral		
0994T	EVASC DLVR A-WAL STBL RX PRQ	HMO	e-referral		
0995T	EVASC DLVR A-WAL STBL RX OPN	HMO	e-referral		
0996T	INS&SCLR FIX CAPS BAG PROSTH	HMO	e-referral		
0997T	Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to determine optimal location, dose, and intensity for magnetic stimulation therapy, derived from evoked potentials from single pulses of electromagnetic energy recorded by 64-channel electroencephalogram, including automated data processing, transmission, analysis, generation of treatment parameters with review, interpretation, and report	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
0998T	Precuneus magnetic stimulation; personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of evoked potentials within the precuneus, utilizing magnetic resonance imaging-based neuronavigation, with management, per day	HMO	e-referral		1/1/2026
0999T	AUTOL MUSC CELL THERAPY HRVG	HMO	e-referral		
1000T	AUTOL MUSC CELL THERAPY ADMN	HMO	e-referral		
1001T	AUTOL MUSC CELL THERAPY NJX	HMO	e-referral		
1002T	AIR DISPLACMNT PLETHYSMOGRAP	HMO	e-referral		
1004T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; without programming	HMO	e-referral		1/1/2026
1005T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; with programming, first 15 minutes face-to-face time with physician or other qualified health care professional	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1006T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; with programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	HMO	e-referral		1/1/2026
1007T	Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording, without video	HMO	e-referral		1/1/2026
1008T	Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1009T	Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video	HMO	e-referral		1/1/2026
1010T	Computerized ophthalmic analysis of monocular eye movements using retinal based eye-tracking without spatial calibration, including fixation, microsaccades, drift, and horizontal saccades, when performed, unilateral or bilateral, with interpretation and report	HMO	e-referral		1/1/2026
1011T	Photobiomodulation (PBM) therapy of oral cavity, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	HMO	e-referral		1/1/2026
1012T	Motorized ab interno trephination of sclera (sclerostomy), or trabecular meshwork (trabeculostomy), 1 or more, including injection of antifibrotic agents, when performed	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1013T	Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver, including cruroplasty and/or electronic analysis, when performed	HMO	e-referral		1/1/2026
1014T	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes	HMO	e-referral		1/1/2026
1015T	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver	HMO	e-referral		1/1/2026
1016T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; intraoperative, with programming	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1017T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, without reprogramming	HMO	e-referral		1/1/2026
1018T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, with reprogramming	HMO	e-referral		1/1/2026
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity	HMO	e-referral		1/1/2026
1020T	Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk derived by algorithmic analysis of data from each lesion	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1022T	Percutaneous tissue displacement, any method, including imaging guidance; intra abdominal/pelvic structures (List separately in addition to code for primary procedure)	HMO	e-referral		1/1/2026
1023T	Percutaneous tissue displacement, any method, including imaging guidance; intrathoracic structures (List separately in addition to code for primary procedure)	HMO	e-referral		1/1/2026
1024T	Percutaneous tissue displacement, any method, including imaging guidance; soft tissue (List separately in addition to code for primary procedure)	HMO	e-referral		1/1/2026
1025T	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification	HMO	e-referral		1/1/2026
1026T	Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including imaging guidance	HMO	e-referral		7/1/2026
1028T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session	HMO	e-referral		7/1/2026
1029T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session	HMO	e-referral		7/1/2026
1030T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; initial 30 minutes	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1031T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1032T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes	HMO	e-referral		7/1/2026
1033T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1034T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; initial 90 minutes	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1035T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1036T	Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpretation, and clinical integration by a physician or other qualified health care professional	HMO	e-referral		7/1/2026
1037T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance	HMO	e-referral		7/1/2026
1038T	Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1039T	Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on resting state functional MRI and mapping of white matter connectivity based on diffusion weighted MRI relative to brain regions, with physician or other QHP interpretation and report	HMO	e-referral		7/1/2026
1040T	Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1041T	Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3D localization of spike sources throughout the examination, 3D animations over time of high-amplitude event locations, high-frequency activity locations, and temporal relationships among locations, with interpretation and report by physician or other qualified health care professional, related to a previously performed electroencephalogram (EEG)	HMO	e-referral		7/1/2026
1042T	Implantation of absorbable urologic scaffold for prosthetic urethra restoration of reconstructed bladder neck and urethral anastomosis (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1043T	Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [PDFF], water diffusion, T1-water relaxation time), with automatically generated report	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less	HMO	e-referral		7/1/2026
1045T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children	HMO	e-referral		7/1/2026
1047T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	HMO	e-referral		7/1/2026
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds	HMO	e-referral		7/1/2026
1051T	Removal of subcutaneous heart failure decompensation monitor	HMO	e-referral		7/1/2026
1052T	Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report, review and interpretation by a physician or other qualified health care professional	HMO	e-referral		7/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
1053T	Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report and review and interpretation by a physician or other qualified health care professional	HMO	e-referral		7/1/2026
11920	Tattooing of skin to correct color issue, 6.0 sq cm or less	BCNA|HMO	e-referral		
11921	Tattooing of skin to correct color issue, 6.1-20.0 sq cm	BCNA|HMO	e-referral		
11922	Tattooing of skin to correct color issue, each additional 20.0 sq cm	BCNA|HMO	e-referral		
11950	Injection of filling material under skin, 1.0 cc or less	BCNA|HMO	e-referral		
11951	Injection of filling material under skin, 1.1-5.0 cc	BCNA|HMO	e-referral		
11952	Injection of filling material under skin, 5.1-10.0 cc	BCNA|HMO	e-referral		
11954	Injection of filling material under skin, more than 10.0 cc	BCNA|HMO	e-referral		
11960	Insertion of tissue expander	BCNA|HMO	e-referral		
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	BCNA|HMO	e-referral		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		1/1/2025
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	BCNA|HMO	e-referral		1/1/2025
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		1/1/2025
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	BCNA|HMO	e-referral		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		1/1/2025
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	BCNA|HMO	e-referral		1/1/2025
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		1/1/2025
15271	SKIN SUB GRAFT TRNK/ARM/LEG	BCNA|HMO	e-referral		
15272	SKIN SUB GRAFT T/A/L ADD-ON	BCNA|HMO	e-referral		
15273	SKIN SUB GRFT T/ARM/LG CHILD	BCNA|HMO	e-referral		
15274	SKN SUB GRFT T/A/L CHILD ADD	BCNA|HMO	e-referral		
15275	SKIN SUB GRAFT FACE/NK/HF/G	BCNA|HMO	e-referral		
15276	SKIN SUB GRAFT F/N/HF/G ADDL	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
15277	SKN SUB GRFT F/N/HF/G CHILD	BCNA|HMO	e-referral		
15278	SKN SUB GRFT F/N/HF/G CH ADD	BCNA|HMO	e-referral		
15769	Self soft tissue graft	BCNA|HMO	e-referral	See Footnote 12	
15771	Graft using patient's fat removed by liposuction and inserted into trunk, breasts, scalp, arms, or legs, 50.0 cc or less	BCNA|HMO	e-referral	See Footnote 12	
15772	Graft using patient's fat removed by liposuction and inserted into trunk, breasts, scalp, arms, or legs, each additional 50.0 cc	BCNA|HMO	e-referral	See Footnote 12	
15773	Graft using patient's fat removed by liposuction and inserted into face, eyelids, mouth, neck, ears, around eyes, genitals, hands, or feet, 25.0 cc or less	BCNA|HMO	e-referral	See Footnote 12	
15774	Graft using patient's fat removed by liposuction and inserted into face, eyelids, mouth, neck, ears, around eyes, genitals, hands, or feet, each additional 25.0 cc	BCNA|HMO	e-referral	See Footnote 12	
15775	Hair transplant, 1-15 punch grafts	HMO	e-referral		
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	BCNA	e-referral		
15776	Hair transplant, more than 15 punch grafts	HMO	e-referral		
15776	HAIR TRNSPL >15 PUNCH GRAFTS	BCNA	e-referral		
15777	ACELLULAR DERM MATRIX IMPLT	BCNA|HMO	e-referral		
15780	Dermabrasion of skin of total face	BCNA|HMO	Not Covered	See Footnote 10	
15781	Dermabrasion of skin of part of face	BCNA|HMO	e-referral		
15782	Dermabrasion of skin other than face	BCNA|HMO	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
15783	Dermabrasion of superficial scars or tattoos from skin	BCNA|HMO	Not Covered	See Footnote 10	
15786	Scraping of skin growth, first growth	BCNA|HMO	Not Covered	See Footnote 10	
15788	Chemical peel of outer layer of skin of face	BCNA|HMO	e-referral	See Footnote 1	
15789	Chemical peel of deep layer of skin of face	BCNA|HMO	e-referral	See Footnote 1	
15792	Chemical peel of outer layer of nonfacial skin	BCNA|HMO	e-referral	See Footnote 1	
15793	Chemical peel of deep layer of nonfacial skin	BCNA|HMO	e-referral	See Footnote 1	
15820	Repair of lower eyelid defect	BCNA|MAPPO|HMO	e-referral		
15821	Removal of excessive skin of lower eyelid and fat around eye	BCNA|MAPPO|HMO	e-referral		
15822	Removal of excessive skin of upper eyelid	BCNA|MAPPO|HMO	e-referral		
15823	Removal of excessive skin and fat of upper eyelid	BCNA|MAPPO|HMO	e-referral		
15824	Removal of wrinkles and extra skin of forehead	BCNA|HMO	Not Covered	See Footnote 10	
15825	Removal of wrinkles and extra skin of neck	BCNA|HMO	Not Covered	See Footnote 10	
15826	Incision, stretching, and suture of skin between eyebrows	BCNA|HMO	Not Covered	See Footnote 10	
15828	Removal of wrinkles and extra skin of cheeks, chin, and neck	BCNA|HMO	e-referral		
15829	Removal of wrinkles and extra skin with grafting of cheeks, chin, and neck	BCNA|HMO	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
15830	Removal of extra skin and tissue of abdomen	BCNA|HMO	e-referral		
15832	Removal of extra skin and tissue of thigh	BCNA|HMO	e-referral		
15833	Removal of extra skin and tissue of hip	BCNA|HMO	Not Covered	See Footnote 10	
15834	Removal of extra skin and tissue of hip	HMO	e-referral		
15834	Removal of extra skin and tissue of buttock	BCNA|HMO	Not Covered	See Footnote 10	
15835	Removal of extra skin and tissue of arm	BCNA|HMO	Not Covered	See Footnote 10	
15836	Removal of extra skin and tissue of forearm or hand	BCNA	Not Covered	See Footnote 10	
15837	Removal of extra skin and tissue of forearm or hand	BCNA|HMO	e-referral		
15838	Removal of extra skin and tissue of chin	BCNA|HMO	e-referral		
15839	Removal of extra skin and tissue of other area	BCNA|HMO	e-referral		
15847	Extensive removal of extra skin and tissue of abdomen	BCNA|HMO	e-referral		
15876	Suction assisted removal of fat of head and neck	BCNA|HMO	e-referral		
15877	Suction assisted removal of fat of body	BCNA|HMO	e-referral		
15878	Suction assisted removal of fat of arm	BCNA|HMO	e-referral		
15879	Suction assisted removal of fat of leg	BCNA|HMO	e-referral		
15999	Other removal of pressure ulcer	BCNA|HMO	e-referral		
17340	Cold treatment of acne	BCNA|HMO	e-referral		
17360	Chemical treatment of acne	BCNA|HMO	e-referral	See Footnote 1	
17380	Hair removal by electrolysis, each 30 minutes	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
17999	Other procedure on skin, mucous membrane, and tissue	BCNA|HMO	e-referral		
19105	Removal of growth of breast using ultrasound, each growth	BCNA|HMO	e-referral		
19296	Insertion of expandable tube in breast for radiation treatment using imaging guidance	PPO*	Carelon		
19300	Removal of extra breast tissue in male	BCNA|HMO	e-referral		
19316	Repair for sagging of the breast	BCNA|HMO	e-referral		
19318	Breast reduction	BCNA|HMO	e-referral		
19325	Insertion of breast implant	BCNA|HMO	e-referral		
19328	Removal of intact breast implant	BCNA|HMO	e-referral		
19330	Removal of ruptured breast implant and implant material	BCNA|HMO	e-referral		
19340	Placement of implant on same day of breast reconstruction	BCNA|HMO	e-referral		
19342	Placement of implant on separate day of breast reconstruction	BCNA|HMO	e-referral		
19350	Reconstruction of nipple or area around nipple	BCNA|HMO	e-referral		
19355	Correction of inverted nipple	BCNA|HMO	e-referral		
19357	Reconstruction of breast using tissue expander	BCNA|HMO	e-referral		
19361	Reconstruction of breast with shoulder muscle tissue graft	BCNA|HMO	e-referral		
19364	Reconstruction of breast with tissue graft	BCNA|HMO	e-referral		
19367	Reconstruction of breast with abdominal muscle flap	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
19368	Reconstruction of breast with abdominal muscle and skin flap graft	BCNA|HMO	e-referral		
19369	Reconstruction of breast with abdominal muscle and 2 skin flap grafts	BCNA|HMO	e-referral		
19370	Revision of capsule around breast implant	BCNA|HMO	e-referral		
19371	Removal of capsule around breast implant	BCNA|HMO	e-referral		
19380	Surgical change to reconstructed breast	BCNA|HMO	e-referral		
19396	Preparation of mold for custom breast implant	BCNA|HMO	e-referral		
19499	Other procedure on breast	BCNA|HMO	e-referral		
20555	Insertion of needles or tubes into muscle or tissue for radiation treatment	PPO*	Carelon		
20560	Insertion of needle, 1-2 muscles	BCNA|HMO	e-referral		
20561	Insertion of needle, 3 muscles or more	BCNA|HMO	e-referral		
20605	Aspiration and/or injection of fluid from medium joint	BCNA|HMO	e-referral	See Footnote 24	
20606	Aspiration and/or injection of fluid from medium joint using ultrasound guidance	BCNA|HMO	e-referral	See Footnote 24	
20912	REMOVE CARTILAGE FOR GRAFT	BCNA|HMO	e-referral		
20912	Graft of nose cartilage	MAPPO	e-referral		
20930	Placement of fragmented bone graft or material to spine to promote bone growth	BCNA|MAPPO|HMO|PPO*	TurningPoint		
20931	Graft of donor bone to spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
20936	Harvest of bone from same spine incision for graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
20937	Harvest of bone fragment for spine bone graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
20938	Harvest of bone for spine surgery graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
20939	Aspiration of bone marrow for spine bone graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	BCNA|HMO	e-referral		
20985	Computer-assisted surgery for muscle and bone procedure	BCNA|MAPPO|HMO|PPO*	TurningPoint		
20999	Other procedure on muscle or bone	BCNA|HMO	e-referral		
21010	Incision of jaw joint	BCNA|HMO	e-referral		
21050	Removal of rounded ends of lower jaw joint bone	BCNA|HMO	e-referral		
21060	Removal of lower jaw joint bone tissue	BCNA|HMO	e-referral		
21070	Partial removal of lower jaw bone	BCNA|HMO	e-referral		
21085	Impression and custom preparation of oral surgical splint	BCNA|HMO	e-referral		
21089	Other prosthetic procedure for upper jaw and face	BCNA|HMO	e-referral		
21120	RECONSTRUCTION OF CHIN	BCNA|HMO	e-referral	See Footnote 12	
21121	RECONSTRUCTION OF CHIN	BCNA|HMO	e-referral	See Footnote 12	
21122	RECONSTRUCTION OF CHIN	BCNA|HMO	e-referral	See Footnote 12	
21123	RECONSTRUCTION OF CHIN	BCNA|HMO	e-referral	See Footnote 12	
21125	Enlargement of lower jaw with implant	BCNA|HMO	e-referral		
21127	Insertion of bone grafts between portions of bone to enlarge lower jaw bone	BCNA|HMO	e-referral		
21137	Repair of bony defect of forehead	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
21138	Repair of bony defect of forehead with insertion of prosthetic material	BCNA|HMO	e-referral		
21139	Repair of frontal sinus through forehead	BCNA|HMO	e-referral		
21147	Repair of midface bones with bone graft, 3 or more bones	BCNA|HMO	e-referral		
21150	Reconstruction of midface bones (LeFort II)	BCNA|HMO	e-referral		
21151	Reconstruction of midface bones with bone graft (LeFort II)	BCNA|HMO	e-referral		
21154	Reconstruction of nose, cheek, and mouth bones with bone grafts	BCNA|HMO	e-referral		
21155	Reconstruction of midface bones with bone graft with LeFort I (LeFort III)	BCNA|HMO	e-referral		
21159	Reconstruction of nose, cheek, mouth, and forehead bones with bone grafts	BCNA|HMO	e-referral		
21160	Reconstruction of nose, cheek, mouth, and forehead bones with bone grafts and repair of midface bone	BCNA|HMO	e-referral		
21188	Reconstruction of midface bones with bone graft	BCNA|HMO	e-referral		
21194	Reconstruction of lower jaw bone with bone graft	BCNA|HMO	e-referral		
21195	Reconstruction of lower jaw bones	BCNA|HMO	e-referral		
21206	Incision or partial removal of upper jaw bone	BCNA|HMO	e-referral		
21208	Incision and repair of bony defect of cheek bone with repositioning of bony segment	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
21209	Incision and repair of bony defect of cheek bone including bony segment reduction	BCNA|HMO	e-referral		
21210	Repair of nasal or cheek bone with bone graft	BCNA|MAPPO|HMO	e-referral		
21215	Repair of lower jaw bone with bone graft	BCNA|HMO	e-referral		
21230	Harvest of rib cartilage for grafting	BCNA|HMO	e-referral		
21235	Obtaining ear cartilage for grafting	BCNA|HMO	e-referral		
21240	Repair of hinged joint of upper and lower jaw bones	BCNA|HMO	e-referral		
21242	Repair of hinged joint of upper and lower jaw bones with donor graft	BCNA|HMO	e-referral		
21243	Repair of hinged joint of upper and lower jaw bones with prosthesis	BCNA|HMO	e-referral		
21244	Reconstruction of lower jaw bone with insertion of bone plate	BCNA|HMO	e-referral		
21245	Partial repair of lower jaw or cheek bone with implant	BCNA|HMO	e-referral		
21246	Complete reconstruction of lower or upper jaw bone with jaw bone implant (subperiosteal)	BCNA|HMO	e-referral		
21247	Reconstruction of hinged joint of jaw bones with insertion of rib cartilage	BCNA|HMO	e-referral		
21248	Reconstruction of part of lower or upper jaw bone with implant	BCNA|HMO	e-referral		
21249	Complete reconstruction of lower or upper jaw bone with jaw bone implant (endosteal)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
21255	Reconstruction of cheek bone with bone graft	BCNA|HMO	e-referral		
21270	Insertion of prosthetic material to enlarge cheek bone	BCNA|HMO	e-referral		
21280	Tightening of tendon of inner port of lower eyelid	BCNA|HMO	e-referral		
21282	Tightening of tendon of outer edge of lower eyelid	BCNA|HMO	e-referral		
21295	Reduction of muscle used for chewing and lower jaw bone from outside mouth	BCNA|HMO	e-referral		
21296	Reduction of muscle used for chewing and lower jaw bone from inside mouth	BCNA|HMO	e-referral		
21299	Other procedure on skull, face, and upper jaw bones	BCNA|HMO	e-referral		
21480	RESET DISLOCATED JAW	BCNA|HMO	e-referral	See Footnote 8	
21485	RESET DISLOCATED JAW	BCNA|HMO	e-referral	See Footnote 8	
21490	Treatment of dislocated jaw joint	BCNA|HMO	e-referral		
21499	Other procedure on head muscle or head bone	BCNA|HMO	e-referral		
21742	Minimally invasive repair of abnormal position of chest bone	HMO	e-referral		
21743	Repair of breast bone depression using an endoscope	HMO	e-referral		
21899	Other procedure on neck or chest	BCNA|HMO	e-referral		
22100	Removal of rear piece of upper spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22101	Removal of rear piece of middle spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22102	Removal of rear piece of lower spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22103	Partial removal of bone at back of spine, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22110	Partial removal of upper spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22112	Partial removal of middle spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22114	Partial removal of lower spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22116	Partial removal of spine bone, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22206	Incision or removal of segment of middle spine bone to correct deformity	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22207	Incision or removal of lower spine bone segment to correct deformity	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22208	Incision or removal of spine bone segment to correct deformity, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22210	Incision or removal of upper spine bone segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22212	Incision or removal of middle spine bone segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22214	Incision or removal of lower spine bone segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22216	Incision or removal of spine bone segment, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22220	Incision or removal of upper spine bone segment and removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22222	Incision or removal of middle spine bone and removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22224	Incision or removal of lower spine bone segment and removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22226	Incision or removal of spine bone segment and removal of disc, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22325	Treatment of broken or dislocated lower spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22326	Treatment of broken or dislocated upper spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22327	Treatment of broken or dislocated middle spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22328	Treatment of broken or dislocated spine bone, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22505	Manipulation of spine under anesthesia	BCNA|HMO	e-referral		
22510	Stabilization of upper spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22511	Stabilization of lower spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22512	Stabilization of spine bone, each additional bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22513	Treatment of broken middle spine bone with placement of stabilizing device using imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22514	Treatment of broken lower spine bone with placement of stabilizing device	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22515	Treatment of broken spine bone with stabilizing device, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22526	Treatment of spine disc using fluoroscopic guidance, single level	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22532	Fusion of middle spine bone through side with partial removal of disc, 1 bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22532	Fusion of middle spine bone through side with partial removal of disc, 1 bone	FEP-PPO**	e-referral		1/1/2026
22533	Fusion of lower spine bone through side with partial removal of disc, 1 bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22533	Fusion of lower spine bone through side with partial removal of disc, 1 bone	FEP-PPO**	e-referral		1/1/2026
22534	Fusion of middle or lower spine bone through side with partial removal of disc, each additional bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22534	Fusion of middle or lower spine bone through side with partial removal of disc, each additional bone	FEP-PPO**	e-referral		1/1/2026
22548	Fusion of spine bones at base of neck, oral approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22548	Fusion of spine bones at base of neck, oral approach	FEP-PPO**	e-referral		1/1/2026
22551	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, 1 disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22551	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, 1 disc	FEP-PPO**	e-referral		1/1/2026
22552	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, each additional disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22552	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, each additional disc	FEP-PPO**	e-referral		1/1/2026
22554	Fusion of upper spine bones through front of neck with partial removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22554	Fusion of upper spine bones through front of neck with partial removal of disc	FEP-PPO**	e-referral		1/1/2026
22556	Fusion of middle spine bone through side of chest with partial removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22556	Fusion of middle spine bone through side of chest with partial removal of disc	FEP-PPO**	e-referral		1/1/2026
22558	Fusion of lower spine bone through abdomen with partial removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22558	Fusion of lower spine bone through abdomen with partial removal of disc	FEP-PPO**	e-referral		1/1/2026
22585	Fusion of spine bones through front of body with partial removal of disc, each additional disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22585	Fusion of spine bones through front of body with partial removal of disc, each additional disc	FEP-PPO**	e-referral		1/1/2026
22586	Fusion of lower spine or sacral bone with removal of disc using image guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22586	Fusion of lower spine or sacral bone with removal of disc using image guidance	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22590	Fusion of skull and first 2 upper spine bones through back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22590	Fusion of skull and first 2 upper spine bones through back	FEP-PPO**	e-referral		1/1/2026
22595	Fusion of first 2 spine bones through back of neck	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22595	Fusion of first 2 spine bones through back of neck	FEP-PPO**	e-referral		1/1/2026
22600	Fusion of spine in neck by posterior approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22600	Fusion of spine in neck by posterior approach	FEP-PPO**	e-referral		1/1/2026
22610	Fusion of spine in upper back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22610	Fusion of spine in upper back	FEP-PPO**	e-referral		1/1/2026
22612	Fusion of spine in lower back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22612	Fusion of spine in lower back	FEP-PPO**	e-referral		1/1/2026
22614	Fusion of additional segment of spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22614	Fusion of additional segment of spine	FEP-PPO**	e-referral		1/1/2026
22630	Fusion of lower spine bone and partial removal of spine bone or disc through back, 1 disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22630	Fusion of lower spine bone and partial removal of spine bone or disc through back, 1 disc	FEP-PPO**	e-referral		1/1/2026
22632	Fusion of lower back spine bone and partial removal of spine bone or disc through back, each additional disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22632	Fusion of lower back spine bone and partial removal of spine bone or disc through back, each additional disc	FEP-PPO**	e-referral		1/1/2026
22633	Fusion of spine in lower back with partial removal of spine bone and disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22633	Fusion of spine in lower back with partial removal of spine bone and disc	FEP-PPO**	e-referral		1/1/2026
22634	Fusion of additional segment of spine with partial removal of spine bone and disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22634	Fusion of additional segment of spine with partial removal of spine bone and disc	FEP-PPO**	e-referral		1/1/2026
22800	Fusion to repair spine deformity through back, up to 6 bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22800	Fusion to repair spine deformity through back, up to 6 bones	FEP-PPO**	e-referral		1/1/2026
22802	Fusion of spine bones for correction of deformity, posterior approach, 7 to 12 vertebral segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22802	Fusion of spine bones for correction of deformity, posterior approach, 7 to 12 vertebral segments	FEP-PPO**	e-referral		1/1/2026
22804	Fusion to repair spine deformity through back, 13 or more bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22804	Fusion to repair spine deformity through back, 13 or more bones	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22808	Fusion of spine bones for correction of deformity, anterior approach, 2 to 3 vertebral segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22808	Fusion of spine bones for correction of deformity, anterior approach, 2 to 3 vertebral segments	FEP-PPO**	e-referral		1/1/2026
22810	Fusion of spine bones for correction of deformity, anterior approach, 4 to 7 vertebral segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22810	Fusion of spine bones for correction of deformity, anterior approach, 4 to 7 vertebral segments	FEP-PPO**	e-referral		1/1/2026
22812	Fusion of spine bones for correction of deformity, anterior approach, 8 or more vertebral segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22812	Fusion of spine bones for correction of deformity, anterior approach, 8 or more vertebral segments	FEP-PPO**	e-referral		1/1/2026
22818	Removal of 1-2 spine bones to correct outward curving spine deformity	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22818	Removal of 1-2 spine bones to correct outward curving spine deformity	FEP-PPO**	e-referral		1/1/2026
22819	Removal of parts of 3 or more spine bones to correct outward curving spine deformity	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22819	Removal of parts of 3 or more spine bones to correct outward curving spine deformity	FEP-PPO**	e-referral		1/1/2026
22830	Exploration of spine fusion	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024
22840	Placement of stabilizing device to back of 1 spine bone in neck	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22841	Insertion of wire to stabilize spine bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22842	Placement of stabilizing device to back, 3-6 spine bone segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22843	Placement of stabilizing device to back, 7-12 spine bone segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22844	Placement of stabilizing device to back, 13 or more spine bone segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22845	Placement of stabilizing device to front, 2-3 spine bone segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22846	Placement of stabilizing device to front, 4-7 spine bone segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22847	Placement of stabilizing device to front, 8 or more spine bone segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22848	Insertion of instrumentation to pelvic bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22849	Reinsertion of spinal fixation device	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22850	Removal of stabilizing device from back of spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22852	Removal of segmental stabilizing device from back of spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22853	Insertion of cage or mesh device to spine bone and disc space during spine fusion	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22854	Insertion of cage or mesh device in disc space during spine fusion	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22855	Removal of stabilizing device from front of spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22856	Insertion of artificial upper spine disc, anterior approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22856	Insertion of artificial upper spine disc, anterior approach	FEP-PPO**	e-referral		1/1/2026
22857	Insertion of artificial disc between bones of lower spine, single space	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22857	Insertion of artificial disc between bones of lower spine, single space	FEP-PPO**	e-referral		1/1/2026
22858	Insertion of artificial upper spine disc anterior approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22859	Placement of mesh or cage device into spine disc space	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SECOND INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22861	Revision of total disc replacement in upper back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22862	Revision of total disc replacement in lower back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22864	Revision of artificial upper spine disc, cervical	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22865	Revision of artificial lower spine disc, lumbar	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22867	Placement of device to stabilize or reduce pressure in lower spine in 1 disc space	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22867	Placement of device to stabilize or reduce pressure in lower spine in 1 disc space	FEP-PPO**	e-referral		1/1/2026
22868	Placement of device to stabilize or reduce pressure in lower spine in second disc space	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22869	Placement of stabilizing device to lower spine level	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22869	Placement of stabilizing device to lower spine level	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
22870	Placement of stabilizing device to second lower spine level	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22899	Other procedure on spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
22999	Other procedure on abdominal muscle or bone	BCNA|HMO	e-referral		
23040	Incision of shoulder joint for exploration, fluid drainage, or removal of foreign body	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23044	Incision of collar bone joint for exploration, fluid drainage, or removal of foreign body	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23100	Incision and biopsy of shoulder joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23101	Incision to repair joints between shoulder, chest and collar bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23105	Removal of shoulder joint lining	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23106	Removal of lining of joint between collar and chest bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23107	Incision of shoulder joint for exam	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23120	Partial removal of collar bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23125	Removal of collar bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23130	Partial removal or repair of shoulder bone near collar bone	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23190	Partial removal of shoulder blade	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23195	Removal of shoulder blade	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23333	Removal of foreign body of shoulder joint, accessed beneath the tissue or muscle	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23334	Removal of ball or socket prosthesis from shoulder	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
23335	Removal of ball and socket prosthesis from shoulder	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23395	Relocation of one muscle of shoulder or upper arm	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23397	Relocation of multiple muscles of shoulder or upper arm	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23400	Reshaping and relocation of shoulder blade bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23405	Incision of shoulder tendon	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23406	Incision of shoulder multiple tendons through same incision	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23410	Repair of acute torn shoulder rotator cuff	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23412	Repair of chronic torn shoulder rotator cuff	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23415	Release of collar bone and shoulder ligament	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23420	Repair of complete tear of shoulder rotator cuff with release of pressure on collar bone	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23430	Anchoring of biceps tendon	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23440	Removal or relocation of biceps tendon	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23450	Reattachment of shoulder joint capsule without bone transfer	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23455	Reattachment of shoulder joint capsule and cartilage without bone transfer with repair of shoulder rim	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
23460	Repair of shoulder joint capsule and shoulder blade with bone block	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
23462	Reattachment of shoulder joint capsule with bone transfer (coracoid bone)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23465	Repair of shoulder joint capsule in the back of the joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23466	Repair and tightening of shoulder joint capsule	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23470	Partial replacement of shoulder joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23472	Prosthetic repair of shoulder joint, total shoulder	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23473	Revision of total shoulder repair	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23474	Revision of total shoulder repair, total shoulder	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23616	Treatment of broken upper arm bone with replacement	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23700	Manipulation of shoulder joint under anesthesia	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23800	Fusion of bones of shoulder joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23802	Fusion of shoulder joint bone with self bone graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
23929	Other procedure on shoulder	BCNA|HMO	e-referral		
24160	Removal of elbow joint prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24164	Removal of forearm bone prosthesis at elbow joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24300	Manipulation of elbow under anesthesia	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24360	Repair of elbow joint with tissue graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24361	Repair of elbow joint with replacement of lower portion of upper arm bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
24362	Repair of elbow joint with implant with and repair of ligament	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24363	Prosthetic repair of elbow joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24365	Joint repair (arthroplasty) forearm bone on the thumb side (radius) at the elbow without an implant	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24366	Joint repair (arthroplasty) forearm bone on the thumb side (radius) at the elbow with and implant	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24370	Revision of total elbow repair (arthroplasty), upper arm or forearm components	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24371	Revision of total elbow repair (arthroplasty), upper arm and forearm components	BCNA|MAPPO|HMO|PPO*	TurningPoint		
24999	Other procedure on upper arm or elbow	BCNA|HMO	e-referral		
25332	Repair of wrist joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25441	Arthroplasty or replacement of the end of the forearm bone on the thumb side at the wrist level	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25442	Arthroplasty or replacement of the end of the forearm bone on the small finger side at the wrist level	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25443	Arthroplasty or replacement of wrist bone, one wrist bone (scaphoid or navicular bone)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25444	Arthroplasty or replacement of wrist bone, one wrist bone (lunate bone)	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
25445	Arthroplasty or replacement of wrist bone, one wrist bone (trapezium bone)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25446	Arthroplasty or replacement of the entire wrist joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25800	Complete fusion of wrist joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25805	Fusion of wrist joint with bone graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25810	Fusion of wrist joint with graft from hip or other bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25820	Fusion of part of wrist joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25825	Fusion of part of wrist joint with patient-derived bone graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
25999	Unlisted procedure, forearm or wrist	BCNA|HMO	e-referral		
26989	Other procedure on hands or fingers	BCNA|HMO	e-referral		
27033	Incision of hip joint for exploration, fluid drainage, or removal of foreign body	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27090	Removal of hip prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27091	Removal of hip prosthesis, complicated	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27120	Repair of hip socket	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27122	Repair of hip socket with removal of head of thigh bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27125	Partial replacement of thigh bone at hip joint with prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27125	Partial replacement of thigh bone at hip joint with prosthesis	FEP-PPO**	e-referral		1/1/2026
27130	Replacement of thigh bone and hip joint with prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27130	Replacement of thigh bone and hip joint with prosthesis	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
27132	Total hip replacement after previous hip surgery	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27134	Revision of thigh bone and hip joint prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27137	Revision of hip socket part of hip prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27138	Revision of thigh bone prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27146	Incision or partial removal of hip bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27147	Incision or partial removal of hip bone and repair of dislocated hip joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27151	Reshaping of part of hip bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27156	Incision and reshaping of part of hip and thigh bones and repair of dislocated hip joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27158	Incision or partial removal of both sides of pelvic bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27161	Incision or partial removal of neck of thigh bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27236	Treatment of upper end of broken thigh bone with placement of stabilizing device or prosthetic replacement	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27275	Manipulation of hip joint under general anesthesia	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	BCNA|MAPPO|HMO|PPO*	TurningPoint		6/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
27279	Fusion of pelvic joint using imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27280	Fusion of sacroiliac joint between spine and pelvis with bone graft, open procedure	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27282	Fusion of joint between pubic bones	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27284	Fusion of hip joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27286	Fusion of hip joint with incision or partial removal of thigh bone below neck	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27299	Other procedure on pelvis or hip joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27331	Incision of knee joint for exploration, biopsy, or removal of foreign body	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27332	Incision of knee joint with removal of cartilage of inner or outer side of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27333	Incision of knee joint with removal of cartilage of inner and outer sides of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27403	Incision and repair of knee cartilage	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27405	Primary repair of torn ligament or joint capsule at outside part of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27407	Repair of torn ligament and/or joint capsule at front of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27409	Repair of torn ligaments or joint capsule at front and sides of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27412	Implantation of self cartilage into knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27415	Implantation of donor cartilage cells into knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
27416	Implantation of self cartilage cells into knee bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27418	Repair of upper end of shin bone at knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27420	Repair of dislocating kneecap	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27422	Repair of dislocating kneecap with realignment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27424	Reconstruction of dislocating kneecap with removal	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27425	Release of ligaments of knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
27427	Reconstruction of ligaments outside knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27428	Reconstruction ligaments inside knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27429	Reconstruction of ligaments inside and outside knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27437	Repair of kneecap	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27437	Repair of kneecap	FEP-PPO**	e-referral		1/1/2026
27438	Repair of kneecap with prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27438	Repair of kneecap with prosthesis	FEP-PPO**	e-referral		1/1/2026
27440	Repair of lower part of knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27440	Repair of lower part of knee joint	FEP-PPO**	e-referral		1/1/2026
27441	Repair of lower part of knee joint with prosthesis and removal of joint lining	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27441	Repair of lower part of knee joint with prosthesis and removal of joint lining	FEP-PPO**	e-referral		1/1/2026
27442	Repair of end of thigh or lower leg bone at knee joint with prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
27442	Repair of end of thigh or lower leg bone at knee joint with prosthesis	FEP-PPO**	e-referral		1/1/2026
27443	Knee replacement with repair of end of thigh or lower leg bone and removal of knee joint lining	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27443	Knee replacement with repair of end of thigh or lower leg bone and removal of knee joint lining	FEP-PPO**	e-referral		1/1/2026
27445	Knee joint replacement using hinged prosthesis	BCNA|MAPPO|PPO*	TurningPoint		
27445	Knee joint replacement using hinged prosthesis	FEP-PPO**	e-referral		1/1/2026
27446	Replacement of knee joint on side of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27446	Replacement of knee joint on side of knee	FEP-PPO**	e-referral		1/1/2026
27447	Replacement of knee joint, both sides of knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27447	Replacement of knee joint, both sides of knee	FEP-PPO**	e-referral		1/1/2026
27458	OSTEOT FEMUR IMED LNGTH	HMO	e-referral		1/1/2026
27486	Revision of component of total knee joint prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27487	Revision of thigh and lower leg bone components of total knee joint prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27488	Removal of total knee joint prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27570	Manipulation of knee joint under anesthesia	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
27580	Fusion of knee joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27599	Other procedure on thigh or knee	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27700	Reconstruction of ankle joint	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27702	Reconstruction of ankle joint with prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27703	Repair of ankle joint with revision of prosthesis	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27704	Removal of ankle implant	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27713	OSTEOT TIBIA IMED LNGTH DEV	HMO	e-referral		1/1/2026
27860	Manipulation of ankle under general anesthesia	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27870	Fusion of ankle joint, open procedure	BCNA|MAPPO|HMO|PPO*	TurningPoint		
27899	Other procedure on leg or ankle	BCNA|HMO	e-referral		
28285	Correction of toe joint deformity	BCNA|MAPPO|HMO	e-referral	See Footnote 2	
28286	Correction of fifth toe joint deformity	BCNA|MAPPO|HMO	e-referral	See Footnote 2	
28446	Implantation of self cartilage cells into foot joint with graft	BCNA|MAPPO|HMO|PPO*	TurningPoint		
28890	Shock wave therapy to arch of foot using ultrasound guidance under anesthesia	BCNA|HMO	e-referral		
28899	Other procedure on foot or toes	BCNA|HMO	e-referral		
29800	Diagnostic exam of jaw joint using an endoscope	BCNA|HMO	e-referral		
29804	Exam of jaw joint using an endoscope	BCNA|HMO	e-referral		
29805	Diagnostic exam of shoulder using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29806	Repair of shoulder joint capsule using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
29807	Repair of shoulder socket using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29819	Removal of loose or foreign body in shoulder joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29820	Partial removal of shoulder joint lining using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29821	Removal of entire shoulder joint lining using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29822	Limited removal of abnormal shoulder joint tissue using endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29823	Removal of extensive shoulder joint tissue using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29824	Partial removal of collar bone at shoulder using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29825	Removal of shoulder scar tissue using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29826	Shaving of part of shoulder bone and repair of ligament using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29827	Repair of shoulder rotator cuff using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29828	Release of tendon connecting biceps muscle and shoulder using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	BCNA|HMO	e-referral		
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
29850	Treatment of broken knee joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29851	Treatment of broken knee joint with placement of stabilizing device using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29855	Treatment of broken upper portion of lower leg bone on side using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29856	Treatment of broken upper portion of lower leg bone on both sides using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29860	Diagnostic exam of hip using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29861	Removal of loose or foreign body in hip joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29862	Removal or shaving of hip joint socket cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29863	Removal of hip joint lining using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29866	Repair of knee cartilage and bone with patient-derived healthy cartilage transplant using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29867	Repair of knee cartilage and bone with donor cartilage graft using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29868	Repair of knee cartilage with donor cartilage graft using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29870	Diagnostic exam of knee using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
29871	Exam, washing, and drainage of infected knee joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29873	Release of ligaments at outer side of knee joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29874	Removal of loose or foreign body in knee joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29875	Partial removal of knee joint lining using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29876	Removal of joint lining from multiple knee joint compartments using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29877	Removal or shaving of knee joint cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29879	Repair of knee joint with drilling and or scraping of joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29880	Removal of both knee cartilages using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29881	Removal of knee cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29882	Repair of inside or outside knee joint cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29883	Repair of inside and outside knee joint cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29884	Removal of scar tissue from knee using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29885	Repair of knee joint with bone graft using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29886	Repair of knee joint by drilling cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
29887	Repair of knee joint with bone graft and internal stabilizing device using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint	See Footnote 28	
29888	Repair of anterior cruciate ligament of knee using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29889	Repair of posterior cruciate ligament of knee using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29899	Fusion of ankle joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	BCNA|HMO	e-referral		
29914	Reshaping of thigh bone at hip joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29915	Reshaping of hip socket using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29916	Repair of hip joint socket cartilage using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
29999	Other procedure on joint using an endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
30117	REMOVAL OF INTRANASAL LESION	BCNA|HMO	e-referral	See Footnote 22	
30400	Reshaping of tip of nose	BCNA|HMO	e-referral		
30410	Reshaping of bone, cartilage, and/or tip of nose	BCNA|HMO	e-referral		
30420	Reshaping of bony cartilage dividing nasal passages	BCNA|HMO	e-referral		
30430	Revision to reshape nose or small amount of tip of nose after previous repair	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
30435	Revision to reshape nasal bones after previous repair	BCNA|HMO	e-referral		
30450	Revision to reshape nasal bones and tip of nose after previous repair	BCNA|HMO	e-referral		
30460	Revision of congenital nasal defect to lengthen tip of nose	BCNA|MAPPO|HMO	e-referral		
30462	Revision of congenital nasal defect with lengthening of tip of nose	BCNA|MAPPO|HMO	e-referral		
30465	Repair of nasal passage	BCNA|HMO	e-referral		
30468	Repair of collapsed nostril using implant in side of nose	BCNA|HMO	e-referral		
30469	Repair of collapsed nasal valve	BCNA|HMO	e-referral		
30520	Reshaping of nasal cartilage	BCNA|MAPPO|HMO	e-referral		
30620	Reconstruction of lining of nasal passage with graft	BCNA|HMO	e-referral		
30999	Other procedure on nose	BCNA|HMO	e-referral		
31237	Biopsy or removal of nasal polyp or tissue using an endoscope	BCNA|HMO	e-referral		
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	BCNA|HMO	e-referral		
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	BCNA|HMO	e-referral		
31295	Dilation of nasal sinus using an endoscope	BCNA|MAPPO|HMO	e-referral		
31296	Dilation of frontal nasal sinus using an endoscope	BCNA|MAPPO|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
31297	Dilation of sphenoid nasal sinus using an endoscope	BCNA|MAPPO|HMO	e-referral		
31298	Dilation of sphenoid and frontal nasal sinus using an endoscope	BCNA|MAPPO|HMO	e-referral		
31299	Other procedure on accessory sinuses	BCNA|HMO	e-referral		
31599	Other procedure on voice box	BCNA|HMO	e-referral		
31643	Placement of tube for radiation delivery in lung airway using an endoscope	PPO*	Carelon		
31647	Assessment of initial lobe of lung for air leak and airway sizing with insertion of bronchial valve in lung airway using an endoscope	BCNA|HMO	e-referral		
31660	Thermal repair of airways of lobe of lung using an endoscope	BCNA|HMO	e-referral		
31661	Thermal repair of airways of multiple lobes of lung using an endoscope	BCNA|HMO	e-referral		
31899	Other procedure on windpipe or lung airway	BCNA|HMO	e-referral		
32850	Removal of lung from cadaver	HMO|PPO*	e-referral		
32851	Transplantation of lung	HMO|PPO*	e-referral		
32852	Transplantation of lung on heart-lung machine	HMO|PPO*	e-referral		
32853	Transplantation of 2 lungs	HMO|PPO*	e-referral		
32854	Transplantation of 2 lungs on heart-lung machine	HMO|PPO*	e-referral		
32855	Preparation of donor lung	HMO|PPO*	e-referral		
32856	Preparation of 2 donor lungs	HMO|PPO*	e-referral		
32999	Other procedure on lung and lung lining	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
33206	Insertion of pacemaker and upper heart chamber electrode	HMO|PPO*	Carelon		
33207	Insertion of pacemaker and lower heart chamber electrode	HMO|PPO*	Carelon		
33208	Insertion of pacemaker and upper and lower heart chamber electrode	HMO|PPO*	Carelon		
33212	Insertion of pacemaker pulse generator with existing single lead	HMO|PPO*	Carelon		
33213	Insertion of pacemaker pulse generator with existing dual leads	HMO|PPO*	Carelon		
33214	Insertion of 2 chamber pacemaker system	BCNA|MAPPO|HMO|PPO*	Carelon		
33215	Repositioning of pacemaker or defibrillator electrode	BCNA|MAPPO|HMO|PPO*	Carelon		
33216	Insertion of 1 electrode for permanent pacemaker or defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		
33217	Insertion of 2 electrodes for permanent pacemaker or defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		
33218	Repair of electrode for permanent pacemaker or defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		
33236	Removal of permanent pacemaker and electrodes, single lead	HMO|PPO*	Carelon		
33237	Removal of permanent pacemaker and electrodes, dual lead	HMO|PPO*	Carelon		
33238	Removal of permanent pacemaker venous electrodes	HMO|PPO*	Carelon		
33240	Insertion of defibrillator with existing single lead	BCNA|MAPPO|HMO|PPO*	Carelon		
33241	Removal of defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
33243	Removal of defibrillator electrodes through incision	BCNA|MAPPO|HMO|PPO*	Carelon		
33244	Removal of defibrillator electrodes through vein	BCNA|MAPPO|HMO|PPO*	Carelon		
33249	Insertion of implantable defibrillator system	BCNA|MAPPO|HMO|PPO*	Carelon		
33262	Removal and replacement of single lead defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		
33263	Removal and replacement of dual lead defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		
33264	Removal and replacement of multiple lead defibrillator	BCNA|MAPPO|HMO|PPO*	Carelon		
33270	Insertion or replacement of defibrillator with electrode	BCNA|MAPPO|HMO|PPO*	Carelon		
33271	Insertion of defibrillator electrode	BCNA|MAPPO|HMO|PPO*	Carelon		
33272	Removal of defibrillator electrode	BCNA|MAPPO|HMO|PPO*	Carelon		
33273	Repositioning of defibrillator electrode	BCNA|MAPPO|HMO|PPO*	Carelon		
33274	Insertion of permanent leadless pacemaker using imaging guidance	HMO|PPO*	Carelon		
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	BCNA|HMO	e-referral		
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	BCNA|HMO	e-referral		
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	BCNA|HMO	e-referral		
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	BCNA|HMO	e-referral		
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	BCNA|HMO	e-referral		
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	BCNA|HMO	e-referral		
33289	Insertion of wireless pressure sensor into lung artery through tube with review by radiologist	BCNA|HMO	e-referral		
33548	Restoration and reshaping of left lower heart chamber	BCNA|HMO	e-referral		
33741	Incision of partition between upper chambers of heart to allow blood flow for congenital heart defects, via catheter using imaging guidance	BCNA|HMO	e-referral		
33745	Creation of shunt for blood flow within heart for congenital heart defects, via catheter using imaging guidance	BCNA|HMO	e-referral		
33746	Creation of additional shunt for blood flow within heart for congenital heart defects, via catheter using imaging guidance	BCNA|HMO	e-referral		
33882	EVASC RPR TA DPLMT MLTPC SYS	HMO	e-referral		1/1/2026
33900	Placement of stent in pulmonary artery with normal anatomical connections, on one side of body	BCNA|HMO	e-referral		
33901	Placement of stent in pulmonary arteries with normal anatomical connections, on both sides of body	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
33902	Placement of stent in pulmonary artery with abnormal anatomical connections, on one side of body	BCNA|HMO	e-referral		
33903	Placement of stent in pulmonary arteries with abnormal anatomical connections, on both sides of body	BCNA|HMO	e-referral		
33930	Harvest of donor heart and lung	HMO|PPO*	e-referral		
33933	Preparation of donor heart and lung for transplantation	HMO|PPO*	e-referral		
33935	Transplantation of donor heart and lung	HMO|PPO*	e-referral		
33940	Removal of donor heart for transplantation	HMO|PPO*	e-referral		
33944	Preparation of donor heart for transplantation	HMO|PPO*	e-referral		
33945	Transplantation of donor heart	HMO|PPO*	e-referral		
33999	Other heart surgery procedure	BCNA|HMO	e-referral		
34718	Repair of groin artery with graft insert through artery	BCNA|HMO	e-referral		
35602	BPG CRTD-CLAT CRTD	HMO	e-referral		1/1/2026
36299	Other blood vessel injection procedure	BCNA|HMO	e-referral		
36465	Injection of chemical agent into single incompetent vein of leg using ultrasound guidance	BCNA|HMO	e-referral		
36466	Injection of chemical agent into multiple incompetent veins of same leg using ultrasound guidance	BCNA|HMO	e-referral		
36468	Injection of chemical agent into spider vein of arm, leg, or trunk	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
36470	Injection of chemical agent into single incompetent vein	BCNA|HMO	e-referral		
36471	Injection of chemical agent into multiple incompetent veins of leg	BCNA|HMO	e-referral		
36473	Mechanochemical destruction of first incompetent vein of arm or leg using imaging guidance	BCNA|MAPPO|HMO	e-referral		
36474	Mechanochemical destruction of subsequent incompetent veins of arm or leg using imaging guidance	BCNA|MAPPO|HMO	e-referral		
36475	Destruction of first incompetent vein of arm or leg using radiofrequency and imaging guidance	BCNA|HMO	e-referral		
36478	Laser destruction of incompetent vein of arm or leg using imaging guidance	BCNA|HMO	e-referral		
36482	Chemical destruction of first incompetent vein of arm or leg using imaging guidance	BCNA|MAPPO|HMO	e-referral		
36836	Creation of opening between artery and vein in arm with single access to both blood vessels	HMO	e-referral		
36837	Creation of opening between artery and vein in arm with separate access to each blood vessels	HMO	e-referral		
37220	Balloon dilation of groin artery, initial vessel	PPO*	Carelon		
37221	Insertion of stent in groin artery, initial vessel	PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
37222	Balloon dilation of groin artery, each additional vessel	PPO*	Carelon		
37223	Insertion of stent in groin artery, additional vessel	PPO*	Carelon		
37224	Balloon dilation of artery of leg	PPO*	Carelon		
37225	Removal of plaque in arteries of leg	PPO*	Carelon		
37226	Insertion of stent in arteries of leg	PPO*	Carelon		
37227	Removal of plaque and insertion of stents in arteries of leg	PPO*	Carelon		
37228	Balloon dilation of artery of leg, initial vessel	PPO*	Carelon		
37229	Removal of plaque in artery of leg, initial vessel	PPO*	Carelon		
37230	Insertion of stent in artery of leg, initial vessel	PPO*	Carelon		
37231	Removal of plaque and insertion of stents in artery of leg, initial vessel	PPO*	Carelon		
37232	Balloon dilation of artery of leg, each additional vessel	PPO*	Carelon		
37233	Removal of plaque in artery of leg, each additional vessel	PPO*	Carelon		
37234	Insertion of stent in artery of leg, each additional vessel	PPO*	Carelon		
37235	Removal of plaque and insertion of stents in artery of leg, each additional vessel	PPO*	Carelon		
37243	Occlusion of growths or obstructed vessels with review by radiologist	BCNA|MAPPO|HMO	e-referral	See Footnote 9	
37254	REVSC EVASC IVT ANGIO SF 1ST	BCNA|MAPPO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
37254	REVSC EVASC IVT ANGIO SF 1ST	HMO|PPO*	Carelon		
37255	REVSC EVASC IVT ANGIO SF EA	HMO|PPO*	Carelon		
37256	REVSC EVASC IVT ANGIO CPLX 1	BCNA|MAPPO	e-referral		
37256	REVSC EVASC IVT ANGIO CPLX 1	HMO|PPO*	Carelon		
37257	REVSC EVSC IVT ANGIO CPLX EA	HMO|PPO*	Carelon		
37258	REVSC EVASC IVT STENT SF 1ST	BCNA|MAPPO	e-referral		
37258	REVSC EVASC IVT STENT SF 1ST	HMO|PPO*	Carelon		
37259	REVSC EVASC IVT STENT SF EA	HMO|PPO*	Carelon		
37260	REVSC EVASC IVT ST CPLX 1ST	BCNA|MAPPO	e-referral		
37260	REVSC EVASC IVT ST CPLX 1ST	HMO|PPO*	Carelon		
37261	REVSC EVASC IVT ST CPLX EA	HMO|PPO*	Carelon		
37262	IV LITHOTRP IVT W/IN SM ART	HMO|PPO*	Carelon		
37263	REVSC EVASC FPVT ANGIO SF 1	BCNA|MAPPO	e-referral		
37263	REVSC EVASC FPVT ANGIO SF 1	HMO|PPO*	Carelon		
37264	REVSC EVASC FPVT ANGIO SF EA	HMO|PPO*	Carelon		
37265	REVSC EVSC FPVT ANGIO CPLX 1	BCNA|MAPPO	e-referral		
37265	REVSC EVSC FPVT ANGIO CPLX 1	HMO|PPO*	Carelon		
37266	RVSC EVSC FPVT ANGIO CPLX EA	HMO|PPO*	Carelon		
37267	REVSC EVSC FPVT STENT SF 1ST	BCNA|MAPPO	e-referral		
37267	REVSC EVSC FPVT STENT SF 1ST	HMO|PPO*	Carelon		
37268	REVSC EVASC FPVT STENT SF EA	HMO|PPO*	Carelon		
37269	REVSC EVASC FPVT ST CPLX 1ST	BCNA|MAPPO	e-referral		
37269	REVSC EVASC FPVT ST CPLX 1ST	HMO|PPO*	Carelon		
37270	REVSC EVASC FPVT ST CPLX EA	HMO|PPO*	Carelon		
37271	REVSC EVSC FPVT ATHRC SF 1ST	BCNA|MAPPO	e-referral		
37271	REVSC EVSC FPVT ATHRC SF 1ST	HMO|PPO*	Carelon		
37272	REVSC EVSC FPVT ATHRC SF EA	HMO|PPO*	Carelon		
37273	REVSC EVSC FPVT ATHRC CPLX 1 (	BCNA|MAPPO	e-referral		
37273	REVSC EVSC FPVT ATHRC CPLX 1 (	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
37274	RVSC EVSC FPVT ATHRC CPLX EA	HMO|PPO*	Carelon		
37275	RVSC EVSC FPVT ST ATHRC SF 1	BCNA|MAPPO	e-referral		
37275	RVSC EVSC FPVT ST ATHRC SF 1	HMO|PPO*	Carelon		
37276	RVSC EVSC FPVT ST ATHR SF EA	HMO|PPO*	Carelon		
37277	RVSC EVSC FPVT ST ATHR CPX 1	BCNA|MAPPO	e-referral		
37277	RVSC EVSC FPVT ST ATHR CPX 1	HMO|PPO*	Carelon		
37278	RVSC EVSC FPVT ST ATH CPX EA	HMO|PPO*	Carelon		
37279	IV LITHOTRP FPVT W/IN SM ART	HMO|PPO*	Carelon		
37280	REVSC EVSC TPVT ANGIO SF 1ST	BCNA|MAPPO	e-referral		
37280	REVSC EVSC TPVT ANGIO SF 1ST	HMO|PPO*	Carelon		
37281	REVSC EVSC TPVT ANGIO SF EA	HMO|PPO*	Carelon		
37282	RVSC EVSC TPVT ANGIO CPLX 1	BCNA|MAPPO	e-referral		
37282	RVSC EVSC TPVT ANGIO CPLX 1	HMO|PPO*	Carelon		
37283	RVSC EVSC TPVT ANGIO CPLX EA	HMO|PPO*	Carelon		
37284	REVSC EVASC TPVT ST SF 1ST	BCNA|MAPPO	e-referral		
37284	REVSC EVASC TPVT ST SF 1ST	HMO|PPO*	Carelon		
37285	REVSC EVASC TPVT ST SF EA	HMO|PPO*	Carelon		
37286	REVSC EVASC TPVT ST CPLX 1ST	BCNA|MAPPO	e-referral		
37286	REVSC EVASC TPVT ST CPLX 1ST	HMO|PPO*	Carelon		
37287	REVSC EVASC TPVT ST CPLX EA	HMO|PPO*	Carelon		
37288	REVSC EVSC TPVT ATHRC SF 1ST	BCNA|MAPPO	e-referral		
37288	REVSC EVSC TPVT ATHRC SF 1ST	HMO|PPO*	Carelon		
37289	REVSC EVSC TPVT ATHRC SF EA	HMO|PPO*	Carelon		
37290	REVSC EVSC TPVT ATHRC CPLX 1	BCNA|MAPPO	e-referral		
37290	REVSC EVSC TPVT ATHRC CPLX 1	HMO|PPO*	Carelon		
37291	REVSC EVSC TPVT ATHR CPLX EA	HMO|PPO*	Carelon		
37292	RVSC EVSC TPVT ST ATHRC SF 1	BCNA|MAPPO	e-referral		
37292	RVSC EVSC TPVT ST ATHRC SF 1	HMO|PPO*	Carelon		
37293	RVSC EVSC TPVT ST ATHR SF EA	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
37294	RVSC EVSC TPVT ST ATHR CPX 1	BCNA|MAPPO	e-referral		
37294	RVSC EVSC TPVT ST ATHR CPX 1	HMO|PPO*	Carelon		
37295	RVSC EVSC TPVT ST ATH CPX EA	HMO|PPO*	Carelon		
37296	REVSC EVASC IMVT ANGIO SF 1	BCNA|MAPPO	e-referral		
37296	REVSC EVASC IMVT ANGIO SF 1	HMO|PPO*	Carelon		
37297	REVSC EVASC IMVT ANGIO SF EA	HMO|PPO*	Carelon		
37298	REVSC EVSC IMVT ANGIO CPLX 1	BCNA|MAPPO	e-referral		
37298	REVSC EVSC IMVT ANGIO CPLX 1	HMO|PPO*	Carelon		
37299	REVSC EVSC IMVT ANGIO CPX EA (	HMO|PPO*	Carelon		
37501	Other procedure on blood vessel using an endoscope	BCNA|HMO	e-referral		
37700	Tying and division of long leg vein	BCNA|HMO	e-referral		
37718	Tying, incision, and stripping of short leg vein	BCNA|HMO	e-referral		
37722	Tying, incision, and stripping of long leg vein	BCNA|HMO	e-referral		
37780	Tying and division of short leg vein	BCNA|HMO	e-referral		
37785	Tying, incision, and/or removal of varicose vein clusters of leg	BCNA|HMO	e-referral		
37799	Other procedure on blood vessel	BCNA|HMO	e-referral		
38129	Other procedure on spleen using an endoscope	BCNA|HMO	e-referral		
38240	Transplantation of donor stem cells per donor	HMO|PPO*	e-referral		
38241	Transplantation of patient-derived stem cells	HMO|PPO*	e-referral		
38242	Transplantation of donor white blood cells	HMO|PPO*	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
38589	Other procedure on lymphatic system using an endoscope	BCNA|HMO	e-referral		
38999	Other procedure on lymphatic system	BCNA|HMO	e-referral		
39499	Other procedure on chest cavity below breast bone	BCNA|HMO	e-referral		
39599	Other procedure on muscle separating chest and abdominal cavities	BCNA|HMO	e-referral		
40525	Removal of lip with repair using local tissue graft	BCNA|HMO	e-referral		
40527	Removal of lip with repair using tissue graft	BCNA|HMO	e-referral		
40700	Primary plastic repair of deformity present at birth on 1 side of nose and/or lip	BCNA|HMO	e-referral		
40701	Plastic repair of deformity present at birth on both sides of nose and/or lip	BCNA|HMO	e-referral		
40702	Plastic repair of deformity present at birth on both sides of nose and/or lip, first stage	BCNA|HMO	e-referral		
40720	Secondary plastic repair of nose and lip deformity present at birth	BCNA|HMO	e-referral		
40761	Plastic repair of nose and/or lip deformity present at birth using a tissue graft	BCNA|HMO	e-referral		
40799	Other procedure on lip	BCNA|HMO	e-referral		
40808	Biopsy of mouth	BCNA|HMO	e-referral		
40810	Removal of growth of tissue of mouth	BCNA|HMO	e-referral		
40812	Removal of growth of mouth with simple repair	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
40816	Complex removal of tissue and muscle growth of mouth	BCNA|HMO	e-referral		
40818	Removal of mouth tissue for grafting	BCNA|HMO	e-referral		
40840	Repair to increase depth of front portion of mouth	BCNA|HMO	e-referral		
40842	Repair to increase depth on side of mouth	BCNA|HMO	e-referral		
40843	Repair to increase depth on both sides of mouth	BCNA|HMO	e-referral		
40844	Repair to increase depth of entire arch of mouth	BCNA|HMO	e-referral		
40845	Complex repair to increase depth of mouth	BCNA|HMO	e-referral		
40899	Other procedure on inner mouth	BCNA|HMO	e-referral		
41019	Insertion of needles, tubes, or devices into head and/or neck for radiation therapy	PPO*	Carelon		
41512	Permanent suspension of tongue base using sutures	BCNA|HMO	e-referral		
41530	Destruction of tongue tissue, per session	BCNA|HMO	e-referral		
41599	Other procedure on tongue or floor of mouth	BCNA|HMO	e-referral		
41800	Drainage of abscess, cyst, or blood accumulation of dental bone	BCNA|HMO	e-referral		
41805	Removal of embedded foreign body in soft tissue of tooth bearing bone	BCNA|HMO	e-referral		
41806	Removal of foreign body in dental bone	BCNA|HMO	e-referral		
41820	Removal of overgrown gum tissue	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
41821	Removal of gum tissue around tooth	BCNA|HMO	e-referral		
41822	Removal of tissue fiber at dental bone	BCNA|HMO	e-referral		
41823	Removal of dental bone	BCNA|HMO	e-referral		
41825	Removal of dental bone growth	BCNA|HMO	e-referral		
41826	Removal of dental bone growth with simple repair	BCNA|HMO	e-referral		
41827	Removal of growth of dental bone growth with complex repair	BCNA|HMO	e-referral		
41828	Removal of enlarged membrane covering of teeth or tooth socket	BCNA|HMO	e-referral		
41830	Removal of tissue overgrowth at teeth or tooth socket	BCNA|HMO	e-referral		
41850	Destruction of growth of structure supporting teeth	BCNA|HMO	e-referral		
41870	Graft of mouth tissue lining to gum surface	BCNA|HMO	e-referral		
41872	Reshaping of gum	BCNA|HMO	e-referral		
41874	Reshaping of tooth socket	BCNA|HMO	e-referral		
41899	Other procedure on teeth and gums	BCNA|HMO	e-referral		
42200	Repair of defect of soft and/or hard tissue of roof of mouth for cleft palate	BCNA|HMO	e-referral		
42210	Repair of cleft palate with bone graft	BCNA|HMO	e-referral		
42215	Revision of prior cleft palate repair	BCNA|HMO	e-referral		
42220	Repair of cleft palate with palate lengthening	BCNA|HMO	e-referral		
42225	Repair of cleft palate with local tissue graft from throat	BCNA|HMO	e-referral		
42226	LENGTHENING OF PALATE	BCNA|HMO	e-referral		
42227	LENGTHENING OF PALATE	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
42235	REPAIR PALATE	BCNA|HMO	e-referral		
42299	Other procedure on roof of mouth	BCNA|HMO	e-referral		
42699	Other procedure on saliva gland or duct	BCNA|HMO	e-referral		
42999	Other procedure on throat, adenoids, or tonsils	BCNA|HMO	e-referral		
43201	Injection into esophagus using a flexible endoscope	BCNA|HMO	e-referral		
43206	Microscopic exam of esophagus using a flexible endoscope	BCNA|HMO	e-referral	See Footnote 2	
43210	Repair of muscle at esophagus and stomach using a flexible endoscope	BCNA|HMO	e-referral		
43212	Placement of stent in esophagus using a flexible endoscope	BCNA|HMO	e-referral		
43236	UPPR GI SCOPE W/SUBMUC INJ	HMO	e-referral	See Footnote 32	
43252	Microscopic exam of esophagus, stomach, and/or upper small bowel using a flexible endoscope	BCNA|HMO	e-referral		
43257	Heat delivery to muscle at esophagus and/or stomach to treat gastric reflux using a flexible endoscope	BCNA|HMO	e-referral		
43284	Insertion of magnetic band around base of esophagus to tighten opening into stomach using an endoscope	BCNA|HMO	e-referral		
43289	Other procedure on esophagus using an endoscope	BCNA|HMO	e-referral		
43290	Placement of balloon in stomach for weight loss using flexible endoscope	BCNA|HMO	e-referral		
43291	Removal of balloon in stomach for weight loss using flexible endoscope	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
43497	Incision of muscle of lower esophagus using an endoscope	BCNA|HMO	e-referral		
43499	Other procedure on esophagus	PPO*	Carelon		
43499	Other procedure on esophagus	BCNA|HMO	e-referral		
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	BCNA|HMO	e-referral		
43645	LAP GASTR BYPASS INCL SMLL I	BCNA|HMO	e-referral		
43647	Implantation or replacement of neurostimulator electrodes in upper stomach using an endoscope	BCNA|MAPPO|HMO	e-referral		
43648	Revision or removal of neurostimulator electrodes in upper stomach using an endoscope	BCNA|MAPPO|HMO	e-referral		
43659	Other procedure on stomach using an endoscope	BCNA|HMO	e-referral		
43770	Insertion of adjustable stomach reduction device using an endoscope	BCNA|HMO	e-referral	See Footnote 16	
43771	Adjustment of stomach reduction device using an endoscope	BCNA|HMO	e-referral	See Footnote 16	
43772	Removal of stomach reduction device using an endoscope	BCNA|HMO	e-referral	See Footnote 16	
43773	Replacement of stomach reduction device using an endoscope	BCNA|HMO	e-referral	See Footnote 16	
43774	Removal of stomach reduction device and port using an endoscope	BCNA|HMO	e-referral	See Footnote 16	
43775	Partial removal of stomach for weight loss using an endoscope	BCNA|HMO	e-referral	See Footnote 16	
43842	V-BAND GASTROPLASTY	BCNA	Not Covered	See Footnote 10	
43843	Reduction of size of upper stomach	BCNA|HMO	e-referral	See Footnote 16	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
43845	Partial removal of stomach, upper bowel, and ileum for weight loss	BCNA|HMO	e-referral	See Footnote 16	
43846	Bypass of stomach for weight loss with Roux-en-Y connection of upper bowel to upper stomach	BCNA|HMO	e-referral	See Footnote 16	
43847	Bypass of stomach for weight loss with small bowel reconstruction	BCNA|HMO	e-referral	See Footnote 16	
43848	Revision of upper stomach bypass	BCNA|HMO	e-referral	See Footnote 16	
43881	Implantation or replacement of stimulator electrodes in upper stomach	BCNA|MAPPO|HMO	e-referral		
43886	Revision of port for saline injection into stomach banding device	BCNA|HMO	e-referral	See Footnote 16	
43887	Removal of port for saline injection into stomach banding device	BCNA|HMO	e-referral	See Footnote 16	
43888	Replacement of port for saline injection into stomach banding device	BCNA|HMO	e-referral	See Footnote 16	
43889	GSTR RSTCV PX TRNSORL ESG	HMO	e-referral		1/1/2026
43999	Other procedure on stomach	BCNA|HMO	e-referral		
44130	Creation of connection between 2 segments of small bowel	BCNA|HMO	e-referral	See Footnote 16	
44135	Transplantation of small bowel from donor	HMO|PPO*	e-referral		
44136	Transplantation of small bowel from living donor	HMO|PPO*	e-referral		
44238	Other procedure on bowel using an endoscope	BCNA|HMO	e-referral		
44799	Other procedure on small bowel	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
44899	Other procedure on abdomen or abdominal lining for congenital bowel defect	BCNA|HMO	e-referral		
44979	Other procedure on appendix using an endoscope	BCNA|HMO	e-referral		
45399	Other procedure on large bowel	BCNA|HMO	e-referral		
45499	Other procedure on rectum using an endoscope	BCNA|HMO	e-referral		
45999	Other procedure on rectum	BCNA|HMO	e-referral		
46948	Tying of arteries to multiple internal hemorrhoid groups	HMO	e-referral		
46999	Other procedure on anus	BCNA|HMO	e-referral		
47133	Removal of donor liver	HMO|PPO*	e-referral		
47135	Transplantation of donor liver	HMO|PPO*	e-referral		
47379	Other procedure on liver using an endoscope	BCNA|HMO	e-referral		
47384	ABLTJ IRE LIVER 1+ TUM PERQ	HMO	e-referral		1/1/2026
47399	Other procedure on liver	BCNA|HMO	e-referral		
47579	Other procedure on bile duct using an endoscope	BCNA|HMO	e-referral		
47999	Other procedure on bile duct	PPO*	Carelon		
47999	Other procedure on bile duct	BCNA|HMO	e-referral		
48160	Removal of pancreas with pancreatic cell transplantation	HMO|PPO*	e-referral		
48550	Removal of donor pancreas	HMO|PPO*	e-referral		
48554	Transplantation of donor pancreas	HMO|PPO*	e-referral		
48556	Removal of transplanted donor pancreas	HMO|PPO*	e-referral		
48999	Other procedure on pancreas	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
49013	Exploration and packing of wound in pelvic region	BCNA|HMO	e-referral		
49014	Re-exploration of pelvic region wound with removal of wound packing	BCNA|HMO	e-referral		
49320	DIAG LAPARO SEPARATE PROC	BCNA|HMO	e-referral	See Footnote 14	
49329	Other procedure on abdomen using an endoscope	BCNA|HMO	e-referral		
49659	Other repair of hernia using an endoscope	BCNA|HMO	e-referral		
49999	Other procedure on abdomen	BCNA|HMO	e-referral		
50360	Transplantation of donor kidney	HMO|PPO*	e-referral		
50365	Removal of kidney and transplantation of donor kidney	HMO|PPO*	e-referral		
50549	Other procedure on kidney using an endoscope	BCNA|HMO	e-referral		
50949	Other procedure on ureter using an endoscope	BCNA|HMO	e-referral		
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	HMO	e-referral		1/1/2025
51999	Other procedure on bladder using an endoscope	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	BCNA|HMO	e-referral		
52441	Insertion of implant in urethra within prostate gland using an endoscope, 1 implant	BCNA|HMO	e-referral		
52443	CYSTO 1ST TRURL PRST8 COMIS	HMO	e-referral		1/1/2026
53451	Insertion of adjustable balloon continence device on both sides of urethra using imaging guidance	BCNA|HMO	e-referral		
53452	Insertion of adjustable balloon continence device on one side of urethra using imaging guidance	BCNA|HMO	e-referral		
53453	Removal of adjustable balloon continence device from beside urethra	BCNA|HMO	e-referral		
53454	Adjustment of fluid volume in adjustable balloon continence device beside urethra	BCNA|HMO	e-referral		
53855	Insertion of a temporary urethra stent using an endoscope	BCNA|HMO	e-referral		
53860	Reconstruction of female bladder neck for stress urinary incontinence using radiofrequency	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	HMO	e-referral		1/1/2025
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	HMO	e-referral		1/1/2025
53899	Other procedure on urinary system	BCNA|HMO	e-referral		
54500	BIOPSY OF TESTIS	BCNA|HMO	e-referral	See Footnote 14	
54520	REMOVAL OF TESTIS	BCNA|HMO	e-referral	See Footnote 12	
54660	Insertion of testicular implant	BCNA|HMO	e-referral		
54699	Other procedure on testicle using an endoscope	BCNA|HMO	e-referral		
54800	Needle biopsy of sperm reservoir	BCNA|HMO	e-referral		
54900	Connection of sperm reservoir to sperm duct	BCNA|HMO	e-referral		
54901	Connection of both sperm reservoirs to sperm ducts	BCNA|HMO	e-referral		
55300	Incision of sperm duct for X-ray procedure	BCNA|HMO	e-referral		
55400	Incision or repair of sperm duct	BCNA|HMO	e-referral		
55500	Exploration and packing of wound in pelvic region	BCNA|HMO	e-referral		
55520	Removal of growth of sperm cord	BCNA|HMO	e-referral		
55530	Removal of spermatic cord venous dilation or tying of spermatic veins	BCNA|HMO	e-referral	See Footnote 14	
55559	Other procedure on sperm cord using an endoscope	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
55860	Surgical opening of prostate for radiation therapy	PPO*	Carelon		
55875	Transperi needle place pros	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
55876	Place rt device/marker pros	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
55877	ABLTJ IRE PRST8 1+ TUM PERQ	HMO	e-referral		1/1/2026
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation	HMO	e-referral		1/1/2025
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	HMO	e-referral		1/1/2025
55899	Other procedure on male genital system	PPO*	Carelon		
55899	Other procedure on male genital system	BCNA|HMO	e-referral		
55920	Insertion of needles or tubes into pelvic or genital organs for radiation therapy	PPO*	Carelon		
55970	Operation to change sex male to female	BCNA|HMO	e-referral		
55980	Operation to change sex female to male	BCNA|HMO	e-referral		
56620	Simple partial removal of external female genitals	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
56805	Reconstruction or creation of the external female sexual organ for intersex state	BCNA|HMO	e-referral		
57155	Insertion of device into uterus for radiation therapy	PPO*	Carelon		
57291	Creation of artificial vagina (CPT, 57291)	BCNA|HMO	e-referral		
57292	Creation of artificial vagina using tissue graft (CPT, 57292)	BCNA|HMO	e-referral		
57335	Plastic repair of vagina for intersex state (CPT, 57335)	BCNA|HMO	e-referral		
57465	Computer-aided mapping of cervix during examination of vagina and cervix using endoscope	HMO	e-referral		
58100	Biopsy of lining of uterus	BCNA|HMO	e-referral		
58150	TOTAL HYSTERECTOMY	BCNA|HMO	e-referral	See Footnote 12	
58152	TOTAL HYSTERECTOMY	BCNA|HMO	e-referral	See Footnote 12	
58180	PARTIAL HYSTERECTOMY	BCNA|HMO	e-referral	See Footnote 12	
58260	VAGINAL HYSTERECTOMY	BCNA|HMO	e-referral	See Footnote 12	
58262	VAG HYST INCLUDING T/O	BCNA|HMO	e-referral	See Footnote 12	
58275	HYSTERECTOMY/REVISE VAGINA	BCNA|HMO	e-referral	See Footnote 12	
58291	VAG HYST INCL T/O COMPLEX	BCNA|HMO	e-referral	See Footnote 12	
58321	Injection of semen into cervix	BCNA|HMO	e-referral	See Footnote 14	
58322	Injection of semen into uterus	BCNA|HMO	e-referral	See Footnote 14	
58323	Sperm washing for artificial insemination	BCNA|HMO	e-referral	See Footnote 14	
58340	Insertion of tube and introduction of contrast for X-ray of uterus and fallopian tubes	BCNA|HMO	e-referral		
58345	Insertion of tube into fallopian tube	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
58350	Injection of X-ray contrast into fallopian tube	BCNA|HMO	e-referral		
58540	Repair of abnormal uterus	BCNA|HMO	e-referral	See Footnote 14	
58541	LSH UTERUS 250 G OR LESS	BCNA|HMO	e-referral	See Footnote 12	
58542	LSH W/T/O UT 250 G OR LESS	BCNA|HMO	e-referral	See Footnote 12	
58543	LSH UTERUS ABOVE 250 G	BCNA|HMO	e-referral	See Footnote 12	
58544	LSH W/T/O UTERUS ABOVE 250 G	BCNA|HMO	e-referral	See Footnote 12	
58550	LAPARO-ASST VAG HYSTERECTOMY	BCNA|HMO	e-referral	See Footnote 12	
58552	LAPARO-VAG HYST INCL	BCNA|HMO	e-referral	See Footnote 12	
58553	LAPARO-VAG HYST COMPLEX	BCNA|HMO	e-referral	See Footnote 12	
58554	LAPARO-VAG HYST W/T/O COMPL	BCNA|HMO	e-referral	See Footnote 12	
58555	Diagnostic exam of uterus using an endoscope	BCNA|HMO	e-referral		
58558	Biopsy of lining of uterus and/or removal of polyp using an endoscope	BCNA|HMO	e-referral		
58559	Release of scar tissue of uterus using an endoscope	BCNA|HMO	e-referral		
58561	Removal of growth of muscle of uterus using an endoscope	BCNA|HMO	e-referral		
58578	Other procedure on uterus using an endoscope	BCNA|HMO	e-referral		
58579	Other procedure on uterus accessed through vagina using an endoscope	BCNA|HMO	e-referral		
58660	Removal of scar tissue of ovaries or fallopian tubes using an endoscope	BCNA|HMO	e-referral		
58661	Removal of ovaries and/or tubes using an endoscope	BCNA|HMO	e-referral		
58662	Destruction or removal of ovary or growth of pelvis using an endoscope	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
58672	Repair of uterine tube tissue near ovary using an endoscope	BCNA|HMO	e-referral	See Footnote 14	
58679	Other procedure on fallopian tube or ovary using an endoscope	BCNA|HMO	e-referral		
58740	Removal of scar tissue of ovaries or fallopian tubes	BCNA|HMO	e-referral		
58750	Release of blocked uterine tube	BCNA|HMO	e-referral		
58752	Reconnection of fallopian tubes following tubal ligation	BCNA|HMO	e-referral	See Footnote 14	
58760	Repair of blocked ovarian end of uterine tube	BCNA|HMO	e-referral	See Footnote 14	
58770	Repair of blocked uterine tube opening	BCNA|HMO	e-referral	See Footnote 14	
58900	Biopsy of ovaries	BCNA|HMO	e-referral		
58970	Removal of eggs from ovaries	BCNA|HMO	e-referral		
58974	Injection of fertilized eggs into uterus	BCNA|HMO	e-referral	See Footnote 14	
58976	Insertion of eggs with sperm into fallopian tubes	BCNA|HMO	e-referral	See Footnote 14	
58999	Other procedure on female genital system (nonobstetrical)	BCNA|HMO	e-referral		
59100	Incision of uterus	BCNA|HMO	e-referral	See Footnote 2	
59840	Induced abortion by dilation and scraping of uterine	BCNA|HMO	e-referral	See Footnote 2	
59841	Induced abortion by dilation	BCNA|HMO	e-referral	See Footnote 2	
59850	Induced abortion by amniotic fluid injection	BCNA|HMO	e-referral	See Footnote 2	
59851	Induced abortion by injection into amniotic fluid with dilation and removal of pregnancy contents	BCNA|HMO	e-referral	See Footnote 2	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
59852	Induced abortion by injection into amniotic fluid	BCNA|HMO	e-referral	See Footnote 2	
59855	Induced abortion by insertion of vaginal suppository	BCNA|HMO	e-referral	See Footnote 2	
59856	Induced abortion by insertion of vaginal suppository with dilation and removal of pregnancy contents	BCNA|HMO	e-referral	See Footnote 2	
59857	Induced abortion by insertion of vaginal suppository with incision of uterus	BCNA|HMO	e-referral	See Footnote 2	
59866	Elimination of fetuses of a multifetal pregnancy	BCNA|HMO	e-referral	See Footnote 2	
59897	Other procedure on fetus	BCNA|HMO	e-referral		
59898	Other maternity care and delivery procedure using an endoscope	BCNA|HMO	e-referral		
59899	Other maternity care and delivery procedure	BCNA|HMO	e-referral		
60659	Other procedure on endocrine system using an endoscope	BCNA|HMO	e-referral		
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	HMO	e-referral		1/1/2025
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	HMO	e-referral		1/1/2025
60699	Other procedure on endocrine system	BCNA|HMO	e-referral		
61630	Balloon dilation of blood vessel in head	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
61640	Balloon dilation of blood vessel spasm in head	BCNA|HMO	e-referral		
61736	Laser interstitial thermal therapy (LITT) of single, simple growth within skull	BCNA|HMO	e-referral		
61737	Laser interstitial thermal therapy (LITT) of multiple or complex growth within skull	BCNA|HMO	e-referral		
61796	Computer-assisted radiosurgery of simple growth of brain, first growth	PPO*	Carelon		
61800	Computer-assisted radiosurgery application of headframe	PPO*	Carelon		
62287	Removal of lower spine disc tissue at single or multiple levels using fluoroscopic guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
62320	Injection of substance into middle or upper spine canal	HMO|PPO*	TurningPoint		
62321	Injection of substance into middle or upper spine canal using imaging guidance	HMO|PPO*	TurningPoint		
62322	Injection of substance into lower spine canal	HMO|PPO*	TurningPoint		
62323	Injection of substance into lower spine canal using imaging guidance	HMO|PPO*	TurningPoint		
62330	DCMPRN PRQ RMV LIG FLV 1LMBR	HMO	e-referral		1/1/2026
62331	DCMPRN PRQ RMV LIG FLV ADDL	HMO	e-referral		1/1/2026
62350	Insertion, revision, or repositioning of spinal canal tube for medication administration	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
62351	Insertion, revision, or repositioning of spinal canal tube for medication administration with removal of spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
62360	Insertion of spinal canal drug infusion device beneath skin	BCNA|MAPPO|HMO|PPO*	TurningPoint		
62361	Insertion of spinal canal drug infusion pump	BCNA|MAPPO|HMO|PPO*	TurningPoint		
62362	Insertion of programmable spinal canal drug infusion pump	BCNA|MAPPO|HMO|PPO*	TurningPoint		
62365	Removal of spinal canal drug infusion pump or device	BCNA|MAPPO|HMO|PPO*	TurningPoint		
62380	Release of lower spinal cord and/or nerve root using endoscope	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63001	Partial removal of spine bone with exploration and/or release of upper spinal cord or nerves, 1-2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63001	Partial removal of spine bone with exploration and/or release of upper spinal cord or nerves, 1-2 segments	FEP-PPO**	e-referral		1/1/2026
63003	Partial removal of spine bone with exploration and/or release of middle spinal cord or nerves, 1-2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63003	Partial removal of spine bone with exploration and/or release of middle spinal cord or nerves, 1-2 segments	FEP-PPO**	e-referral		1/1/2026
63005	Partial removal of spine bone with exploration and/or release of lower spinal cord or nerves, 1-2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63005	Partial removal of spine bone with exploration and/or release of lower spinal cord or nerves, 1-2 segments	FEP-PPO**	e-referral		1/1/2026
63011	Partial removal of spine bone with exploration and/or release of sacral spinal cord or nerves, 1-2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63011	Partial removal of spine bone with exploration and/or release of sacral spinal cord or nerves, 1-2 segments	FEP-PPO**	e-referral		1/1/2026
63012	Partial removal of spine bone with release of lower spinal cord or nerves	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63012	Partial removal of spine bone with release of lower spinal cord or nerves	FEP-PPO**	e-referral		1/1/2026
63015	Partial removal of spine bone with exploration and/or release of upper spinal cord or nerves, more than 2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63015	Partial removal of spine bone with exploration and/or release of upper spinal cord or nerves, more than 2 segments	FEP-PPO**	e-referral		1/1/2026
63016	Partial removal of spine bone with exploration and/or release of middle spinal cord or nerves, more than 2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63016	Partial removal of spine bone with exploration and/or release of middle spinal cord or nerves, more than 2 segments	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63017	Partial removal of spine bone with exploration and/or release of lower spinal cord or nerves, more than 2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63017	Partial removal of spine bone with exploration and/or release of lower spinal cord or nerves, more than 2 segments	FEP-PPO**	e-referral		1/1/2026
63020	Partial removal of spine bone with release of upper spinal cord or nerves and/or removal of disc, 1 interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63020	Partial removal of spine bone with release of upper spinal cord or nerves and/or removal of disc, 1 interspace	FEP-PPO**	e-referral		1/1/2026
63030	Partial removal of spine bone with release of lower spinal cord or nerves and/or removal of disc	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63030	Partial removal of spine bone with release of lower spinal cord or nerves and/or removal of disc	FEP-PPO**	e-referral		1/1/2026
63032	LAMOT RPR ANULR DFCT 1 LMBR	HMO	e-referral		1/1/2026
63032	LAMOT RPR ANULR DFCT 1 LMBR	FEP-PPO**	e-referral		1/1/2026
63035	Partial removal of spine bone with release of upper or lower spinal cord or nerves and/or removal of disc, each additional interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63040	Partial removal of spine bone with re-exploration, release of upper spinal cord or nerves and/or removal of disc, 1 interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63040	Partial removal of spine bone with re-exploration, release of upper spinal cord or nerves and/or removal of disc, 1 interspace	FEP-PPO**	e-referral		1/1/2026
63042	Partial removal of spine bone with re-exploration, release of lower spinal cord or nerves and/or removal of disc, 1 interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63042	Partial removal of spine bone with re-exploration, release of lower spinal cord or nerves and/or removal of disc, 1 interspace	FEP-PPO**	e-referral		1/1/2026
63043	Partial removal of spine bone with re-exploration, release of upper spinal cord or nerves and/or removal of disc, each additional interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63043	Partial removal of spine bone with re-exploration, release of upper spinal cord or nerves and/or removal of disc, each additional interspace	FEP-PPO**	e-referral		1/1/2026
63044	Partial removal of spine bone with re-exploration, release of upper or lower spinal cord or nerves and/or removal of disc, each additional interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63044	Partial removal of spine bone with re-exploration, release of upper or lower spinal cord or nerves and/or removal of disc, each additional interspace	FEP-PPO**	e-referral		1/1/2026
63045	Partial removal of spine bone with release of upper spinal cord and/or nerves, 1 segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63045	Partial removal of spine bone with release of upper spinal cord and/or nerves, 1 segment	FEP-PPO**	e-referral		1/1/2026
63046	Partial removal of spine bone with release of middle spinal cord and/or nerves, 1 segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63046	Partial removal of spine bone with release of middle spinal cord and/or nerves, 1 segment	FEP-PPO**	e-referral		1/1/2026
63047	Partial removal of spine bone with release of lower spinal cord and/or nerves, 1 segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63047	Partial removal of spine bone with release of lower spinal cord and/or nerves, 1 segment	FEP-PPO**	e-referral		1/1/2026
63048	Partial removal of spine bone with release of spinal cord and/or nerves, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63050	Reconstruction of upper spine bone with release of upper spinal cord, 2 or more segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63050	Reconstruction of upper spine bone with release of upper spinal cord, 2 or more segments	FEP-PPO**	e-referral		1/1/2026
63051	Reconstruction of upper spine bone and posterior bony elements with release of upper spinal cord	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63051	Reconstruction of upper spine bone and posterior bony elements with release of upper spinal cord	FEP-PPO**	e-referral		1/1/2026
63052	Partial removal of bone of single segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63052	Partial removal of bone of single segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back	FEP-PPO**	e-referral		1/1/2026
63053	Partial removal of bone of additional segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63055	Release of middle spinal cord and/or nerves, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63055	Release of middle spinal cord and/or nerves, single segment	FEP-PPO**	e-referral		1/1/2026
63056	Release of lower spinal cord and/or nerves, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63056	Release of lower spinal cord and/or nerves, single segment	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63057	Release of middle or lower spinal cord and/or nerves, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63064	Release of middle spinal cord or nerves through rib and spine joint, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63064	Release of middle spinal cord or nerves through rib and spine joint, single segment	FEP-PPO**	e-referral		1/1/2026
63066	Release of middle spinal cord or nerves through rib and spine joint, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63075	Removal of upper spine disc and release of spinal cord and/or nerves, single interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63075	Removal of upper spine disc and release of spinal cord and/or nerves, single interspace	FEP-PPO**	e-referral		1/1/2026
63076	Removal of upper spine disc and release of spinal cord and/or nerves, each additional interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63077	Removal of middle spine disc and release of spinal cord and/or nerves, single interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63077	Removal of middle spine disc and release of spinal cord and/or nerves, single interspace	FEP-PPO**	e-referral		1/1/2026
63078	Removal of middle spine disc and release of spinal cord and/or nerves, each additional interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63081	Removal of upper spine bone with release of spinal cord and/or nerves, anterior approach, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63081	Removal of upper spine bone with release of spinal cord and/or nerves, anterior approach, single segment	FEP-PPO**	e-referral		1/1/2026
63082	Removal of upper spine bone with release of spinal cord and/or nerves, anterior approach, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63085	Removal of middle spine bone with release of spinal cord and/or nerves, transthoracic approach, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63085	Removal of middle spine bone with release of spinal cord and/or nerves, transthoracic approach, single segment	FEP-PPO**	e-referral		1/1/2026
63086	Removal of middle spine bone with release of spinal cord and/or nerves, transthoracic approach, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63087	Removal of middle or lower spine bone with release of spinal cord or nerves, combined thoracolumbar approach, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63087	Removal of middle or lower spine bone with release of spinal cord or nerves, combined thoracolumbar approach, single segment	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63088	Removal of middle or lower spine bone with release of spinal cord or nerves, combined thoracolumbar approach, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63090	Removal of middle, lower, or sacral spine bone with release of spinal cord or nerves, transperitoneal or retroperitoneal approach, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63090	Removal of middle, lower, or sacral spine bone with release of spinal cord or nerves, transperitoneal or retroperitoneal approach, single segment	FEP-PPO**	e-referral		1/1/2026
63091	Removal of middle, lower, or sacral spine bone with release of spinal cord or nerves, transperitoneal or retroperitoneal approach, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63101	Removal of middle spine bone with release of spinal cord and/or nerves, lateral extra cavitary approach, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63101	Removal of middle spine bone with release of spinal cord and/or nerves, lateral extra cavitary approach, single segment	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63102	Removal of lower spine bone with release of spinal cord and/or nerves, lateral extra cavitary approach, single segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63102	Removal of lower spine bone with release of spinal cord and/or nerves, lateral extra cavitary approach, single segment	FEP-PPO**	e-referral		1/1/2026
63103	Removal of middle or lower spine bone with release of spinal cord and/or nerves, lateral extra cavitary approach, each additional segment	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63170	Removal of spine bone with incision of spinal cord	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63170	Removal of spine bone with incision of spinal cord	FEP-PPO**	e-referral		1/1/2026
63172	Removal of spine bone with drainage of cyst of spinal cord into spinal canal	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63172	Removal of spine bone with drainage of cyst of spinal cord into spinal canal	FEP-PPO**	e-referral		1/1/2026
63173	Removal of spine bone with drainage of cyst of spinal cord into lung or abdomen	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63173	Removal of spine bone with drainage of cyst of spinal cord into lung or abdomen	FEP-PPO**	e-referral		1/1/2026
63185	Removal of spine bone with severing of nerve roots, 1-2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63185	Removal of spine bone with severing of nerve roots, 1-2 segments	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63190	Removal of spine bone with severing of nerve roots, more than 2 segments	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63190	Removal of spine bone with severing of nerve roots, more than 2 segments	FEP-PPO**	e-referral		1/1/2026
63191	Removal of spine bone with severing of spinal accessory nerve	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63191	Removal of spine bone with severing of spinal accessory nerve	FEP-PPO**	e-referral		1/1/2026
63197	Partial removal of spine bone with incision of both middle spinal cord tracts	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63197	Partial removal of spine bone with incision of both middle spinal cord tracts	FEP-PPO**	e-referral		1/1/2026
63200	Removal of lower spine bone with release of frayed spinal cord	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63200	Removal of lower spine bone with release of frayed spinal cord	FEP-PPO**	e-referral		1/1/2026
63250	Removal of upper spine bone and artery-vein malformation	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63250	Removal of upper spine bone and artery-vein malformation	FEP-PPO**	e-referral		1/1/2026
63251	Removal of middle spine bone and artery-vein malformation	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63251	Removal of middle spine bone and artery-vein malformation	FEP-PPO**	e-referral		1/1/2026
63252	Removal of middle and lower spine bone and artery-vein malformation	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63252	Removal of middle and lower spine bone and artery-vein malformation	FEP-PPO**	e-referral		1/1/2026
63265	Removal of upper spine bone and growth outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63265	Removal of upper spine bone and growth outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63266	Removal of growth of middle spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63266	Removal of growth of middle spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63267	Removal of growth of lower spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63267	Removal of growth of lower spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63268	Removal of growth of sacral spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63268	Removal of growth of sacral spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63270	Removal of upper spine bone and growth within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63270	Removal of upper spine bone and growth within spine membrane	FEP-PPO**	e-referral		1/1/2026
63271	Removal of growth of middle spine bone within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63271	Removal of growth of middle spine bone within spine membrane	FEP-PPO**	e-referral		1/1/2026
63272	Removal of growth of lower spine bone within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63272	Removal of growth of lower spine bone within spine membrane	FEP-PPO**	e-referral		1/1/2026
63273	Removal of growth of sacral spine bone within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63273	Removal of growth of sacral spine bone within spine membrane	FEP-PPO**	e-referral		1/1/2026
63275	Removal or biopsy of growth of upper spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63275	Removal or biopsy of growth of upper spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63276	Removal or biopsy of growth of middle spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63276	Removal or biopsy of growth of middle spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63277	Removal or biopsy of growth of lower spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63277	Removal or biopsy of growth of lower spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63278	Removal or biopsy of growth of sacral spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63278	Removal or biopsy of growth of sacral spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63280	Removal or biopsy of growth of upper spine bone within spine membrane, extramedullary	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63280	Removal or biopsy of growth of upper spine bone within spine membrane, extramedullary	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63281	Removal or biopsy of growth of middle spine bone within spine membrane, extramedullary	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63281	Removal or biopsy of growth of middle spine bone within spine membrane, extramedullary	FEP-PPO**	e-referral		1/1/2026
63282	Removal or biopsy of growth of lower spine bone within spine membrane, extramedullary	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63282	Removal or biopsy of growth of lower spine bone within spine membrane, extramedullary	FEP-PPO**	e-referral		1/1/2026
63283	Removal or biopsy of growth of sacral spine bone within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63283	Removal or biopsy of growth of sacral spine bone within spine membrane	FEP-PPO**	e-referral		1/1/2026
63285	Removal or biopsy of growth of upper spine bone within spine membrane, intramedullary	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63285	Removal or biopsy of growth of upper spine bone within spine membrane, intramedullary	FEP-PPO**	e-referral		1/1/2026
63286	Removal or biopsy of growth of middle spine bone within spine membrane, intramedullary	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63286	Removal or biopsy of growth of middle spine bone within spine membrane, intramedullary	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63287	Removal or biopsy of growth of lower spine bone within spine membrane, intramedullary	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63287	Removal or biopsy of growth of lower spine bone within spine membrane, intramedullary	FEP-PPO**	e-referral		1/1/2026
63290	Removal or biopsy of growth of spine bone outside and within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63290	Removal or biopsy of growth of spine bone outside and within spine membrane	FEP-PPO**	e-referral		1/1/2026
63295	Reconstruction of spine bone following spinal procedure	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63300	Removal of growth of upper spine bone outside spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63300	Removal of growth of upper spine bone outside spine membrane	FEP-PPO**	e-referral		1/1/2026
63301	Removal of growth of middle spine bone outside spine membrane, transthoracic approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63301	Removal of growth of middle spine bone outside spine membrane, transthoracic approach	FEP-PPO**	e-referral		1/1/2026
63302	Removal of growth of middle spine bone outside spine membrane, thoracolumbar approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63302	Removal of growth of middle spine bone outside spine membrane, thoracolumbar approach	FEP-PPO**	e-referral		1/1/2026
63303	Removal of growth of lower or sacral spine bone outside spine membrane, transperitoneal or retroperitoneal approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63303	Removal of growth of lower or sacral spine bone outside spine membrane, transperitoneal or retroperitoneal approach	FEP-PPO**	e-referral		1/1/2026
63304	Removal of growth of upper spine bone within spine membrane	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63304	Removal of growth of upper spine bone within spine membrane	FEP-PPO**	e-referral		1/1/2026
63305	Removal of growth of middle spine bone within spine membrane, transthoracic approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63305	Removal of growth of middle spine bone within spine membrane, transthoracic approach	FEP-PPO**	e-referral		1/1/2026
63306	Removal of growth of middle spine bone within spine membrane, thoracolumbar approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63306	Removal of growth of middle spine bone within spine membrane, thoracolumbar approach	FEP-PPO**	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
63307	Removal of growth of lower or sacral spine bone within spine membrane, peritoneal approach	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63307	Removal of growth of lower or sacral spine bone within spine membrane, peritoneal approach	FEP-PPO**	e-referral		1/1/2026
63308	Removal of growth of spine bone	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63620	Computer-assisted radiosurgery of growth of spine, first growth	PPO*	Carelon		
63650	Insertion of spinal neurostimulator electrode array through skin	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63655	Removal of spine bone for insertion of neurostimulator electrode plate in spine	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63661	Insertion of spinal neurostimulator electrode array using fluoroscopic guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63662	Removal of spinal neurostimulator electrode plate using fluoroscopic guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63663	Revision of spinal neurostimulator electrode array using fluoroscopic guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63664	Revision of spinal neurostimulator electrode plate using fluoroscopic guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63685	Insertion of spinal neurostimulator generator or receiver	BCNA|MAPPO|HMO|PPO*	TurningPoint		
63688	Removal or revision of neurostimulator generator or receiver	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
64450	Injection of anesthetic agent and/or steroid into other nerve or branch	BCNA|HMO	e-referral		
64451	Injection of anesthetic agent and/or steroid into spine and pelvis nerve using imaging guidance	BCNA|HMO	e-referral		
64454	Injection of anesthetic agent and/or steroid into knee nerve branch using imaging guidance	HMO	e-referral		
64479	Injection of anesthetic and/or steroid drug into upper or middle spine nerve root using imaging guidance, single level	BCNA|MAPPO|HMO|PPO*	TurningPoint		
64480	Injection of anesthetic and/or steroid drug into upper or middle spine nerve root using imaging guidance, each additional level	HMO|PPO*	TurningPoint		
64483	Injection of anesthetic and/or steroid drug into sacral spine nerve root using imaging guidance, single level	HMO|PPO*	TurningPoint		
64484	Injection of anesthetic and/or steroid drug into sacral spine nerve root using imaging guidance, each additional level	HMO|PPO*	TurningPoint		
64490	Injection of upper or middle spine facet joint using imaging guidance, single level	HMO|PPO*	TurningPoint		
64491	Injection of upper or middle spine facet joint using imaging guidance, second level	HMO|PPO*	TurningPoint		
64492	Injection of upper or middle spine facet joint using imaging guidance, third and any additional level	HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
64493	Injection of lower or sacral spine facet joint using imaging guidance, single level	HMO|PPO*	TurningPoint		
64494	Injection of lower or sacral spine facet joint using imaging guidance, second level	HMO|PPO*	TurningPoint		
64495	Injection of lower or sacral spine facet joint using imaging guidance, third and any additional level	HMO|PPO*	TurningPoint		
64505	Injection of anesthetic agent, trigeminal nerve bundle	BCNA|HMO	e-referral		
64555	IMPLANT NEUROELECTRODES	HMO	Not Covered	See Footnote 10	
64561	Insertion of sacral nerve neurostimulator electrode array	BCNA|MAPPO|HMO	e-referral		
64566	Insertion of lower leg neurostimulator electrode	BCNA|HMO	e-referral		
64568	Open implantation of cranial nerve neurostimulator electrode arroy and pulse generator	HMO|PPO*|FEP-PPO*	e-referral		1/1/2026
64568	Open implantation of cranial nerve neurostimulator electrode arroy and pulse generator	PPO*	Carelon		
64581	Insertion of sacral nerve neurostimulator electrode	BCNA|MAPPO|HMO	e-referral		
64582	Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode	HMO|PPO*|FEP-PPO*	e-referral		11/3/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
64582	Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode	PPO*	Carelon		
64590	Insertion of peripheral or gastric neurostimulator generator	BCNA|MAPPO|HMO	e-referral		
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	BCNA|HMO	e-referral		
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	BCNA|HMO	e-referral		
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
64624	Destruction of nerve branches of knee using imaging guidance	BCNA|HMO	e-referral		
64625	Destruction of nerves supplying joint between spine and pelvis using imaging guidance	HMO|PPO*	TurningPoint		
64628	Heat destruction of intraosseous basivertebral nerve in bones of spine in lower back, first two bones	HMO|PPO*	TurningPoint		
64629	Heat destruction of intraosseous basivertebral nerve in additional bone of spine in lower back	HMO|PPO*	TurningPoint		
64633	Destruction of upper or middle spinal facet joint nerves using imaging guidance, single facet joint	HMO|PPO*	TurningPoint		
64634	Destruction of upper or middle spinal facet joint nerves using imaging guidance, each additional facet joint	HMO|PPO*	TurningPoint		
64635	Destruction of lower or sacral spinal facet joint nerves using imaging guidance, single facet joint	HMO|PPO*	TurningPoint		
64636	Destruction of lower or sacral spinal facet joint nerves using imaging guidance, each additional facet joint	HMO|PPO*	TurningPoint		
64640	Destruction of peripheral nerve or branch	HMO|PPO*	TurningPoint		
64653	CHEMODENERV ECCRINE GLANDS	BCNA|HMO	e-referral		
64654	1ST OPN IMPLT BAT MODULJ SYS	HMO	e-referral		1/1/2026
64655	REVJ/RPLCMT BAT MOD SYS LEAD	HMO	e-referral		1/1/2026
64656	REVJ/RPLCMT BAT MOD SYS PG	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
64657	RMVL BAT MODULJ SYS TOT SYS	HMO	e-referral		1/1/2026
64658	RMVL BAT MODUL SYS LEAD ONLY	HMO	e-referral		1/1/2026
64659	RMVL BAT MODULJ SYS PG ONLY	HMO	e-referral		1/1/2026
64716	Release and/or relocation of cranial nerve	BCNA|HMO	e-referral		
64722	Release of unspecified nerve	BCNA|HMO	e-referral		
64728	DCMPRN MEDIAN NRV CARPL TUNL	HMO	e-referral		1/1/2026
64771	Incision or removal of cranial nerve	BCNA|HMO	e-referral		
64772	Incision or removal of spinal nerve	BCNA|HMO	e-referral		
64912	Repair of nerve using nerve graft, first strand	BCNA|HMO	e-referral		
64999	Other procedure on nervous system	BCNA|HMO	e-referral		
65426	REMOVAL OF EYE LESION	BCNA	e-referral		
65771	Incision in cornea to correct refraction error	BCNA|HMO	e-referral		
65778	COVER EYE W/MEMBRANE (CPT, 65778)	BCNA	e-referral		
65779	COVER EYE W/MEMBRANE SUTURE (CPT, 65779)	BCNA	e-referral		
65780	OCULAR RECONST TRANSPLANT (CPT, 65780)	BCNA	e-referral		
65781	OCULAR RECONST TRANSPLANT (CPT, 65781)	BCNA	e-referral		
65782	OCULAR RECONST TRANSPLANT (CPT, 65782)	BCNA	e-referral		
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	HMO	e-referral		1/1/2025
66986	Exchange of prosthetic lens	HMO	e-referral		
66999	Other procedure on front of eye	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
67036	Removal of eye fluid (vitreous) between the lens and retina (CPT, 67036)	BCNA|HMO	e-referral		
67218	Destruction of growth of retina by implantation of radiation source	PPO*	Carelon		
67218	Destruction of growth of retina by implantation of radiation source	BCNA|HMO	e-referral		
67299	Other procedure on back of eye	BCNA|HMO	e-referral		
67399	Other procedure on eye muscle	BCNA|HMO	e-referral		
67599	Other procedure on bone cavity of eye	BCNA|HMO	e-referral		
67900	Repair of brow paralysis	BCNA|MAPPO|HMO	e-referral		
67901	Repair of upper eyelid muscle to correct drooping or paralysis using external material	BCNA|MAPPO|HMO	e-referral		
67902	Repair of upper eyelid muscle to correct drooping or paralysis using internal tissues	BCNA|MAPPO|HMO	e-referral		
67903	Shortening or advancement of upper eyelid muscle to correct drooping or paralysis	BCNA|MAPPO|HMO	e-referral		
67904	Repair of tendon of upper eyelid	BCNA|MAPPO|HMO	e-referral		
67906	Suspension of upper eyelid muscle to correct drooping or paralysis	BCNA|MAPPO|HMO	e-referral		
67908	Removal of tissue, muscle, and membrane to correct eyelid drooping or paralysis	BCNA|MAPPO|HMO	e-referral		
67909	Revision of surgery to correct drooping or paralyzed upper eyelid	BCNA|MAPPO|HMO	e-referral		
67911	Correction of widely-opened upper eyelid	BCNA|MAPPO|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
67999	Other procedure on eyelid	BCNA|HMO	e-referral		
68399	Other procedure on conjunctiva	BCNA|HMO	e-referral		
68899	Other procedure on tear producing drainage system	BCNA|HMO	e-referral		
69300	Repair of protruding ear	BCNA|HMO	e-referral		
69399	Other procedure on external ear	BCNA|HMO	e-referral		
69705	Dilation of canal between middle ear and throat (eustachian tube) on one side of body, using endoscope inserted through nose	BCNA|HMO	e-referral		
69706	Dilation of canal between middle ear and throat (eustachian tube) on both sides of body, using endoscope inserted through nose	BCNA|HMO	e-referral		
69710	IMPLANT/REPLACE HEARING AID	BCNA|HMO	e-referral		
69711	REMOVE/REPAIR HEARING AID	BCNA|HMO	e-referral		
69714	Implantation of cochlear stimulating system into skull with attachment through skin to external speech processor	BCNA|HMO	e-referral		
69716	Implantation of cochlear stimulating system into mastoid bone of skull with magnetic attachment to external speech processor	BCNA|HMO	e-referral		
69717	Replacement of cochlear stimulating system in skull with attachment through skin to external speech processor	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
69719	Replacement of cochlear stimulating system into mastoid bone of skull with magnetic attachment to external speech processor	BCNA|HMO	e-referral		
69729	IMPL OI IMPLT SK TC ESP>=100	BCNA|HMO	e-referral		
69730	RPLC OI IMPLT SK TC ESP>=100	BCNA|HMO	e-referral		
69799	Other procedure on middle ear	BCNA|HMO	e-referral		
69949	Other procedure on inner ear	BCNA|HMO	e-referral		
69979	Other procedure on skull bone surrounding ear	BCNA|HMO	e-referral		
70336	MRI scan of jaw joint	BCNA|MAPPO|HMO|PPO*	Carelon		
70450	CT scan head or brain without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70460	CT scan head or brain with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70470	CT scan of head or brain before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70471	CTA H&N C+ W/NONCONTRAST IMG	BCNA|MAPPO|HMO|PPO*	Carelon		
70480	CT scan of cranial cavity without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70481	CT scan of cranial cavity with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70482	CT scan of cranial cavity before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70486	CT scan of face without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70487	CT scan of face with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70488	CT scan of face before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70490	CT scan of soft tissue of neck without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70491	CT scan of soft tissue of neck with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
70492	CT scan of soft tissue of neck before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70496	CT scan of blood vessels of head with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70498	CT scan of blood vessels of neck with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70540	MRI scan of bone of eye socket, face, and/or neck without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70542	MRI scan of bone of eye socket, face, and/or neck with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70543	MRI scan of bone of eye socket, face, and/or neck before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70544	MRI scan of blood vessels of head without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70545	MRI scan of blood vessels of head with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70546	MRI scan of blood vessels of head before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70547	MRI scan of blood vessels of neck without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70548	MRI scan of blood vessels of neck with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70549	MRI scan of blood vessels of neck before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70551	MRI scan of brain without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70552	MRI scan of brain with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70553	MRI scan of brain before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
70554	Functional MRI scan of brain	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
70555	Functional MRI scan of brain with neurofunctional testing	BCNA|MAPPO|HMO|PPO*	Carelon		
71250	CT scan of chest without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71260	CT scan of chest with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71270	CT scan of chest before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71275	CT scan of blood vessels of chest with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71550	MRI scan of chest without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71551	MRI scan of chest with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71552	MRI scan of chest before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
71555	MRI scan of blood vessels of chest	BCNA|MAPPO|HMO|PPO*	Carelon		
72125	CT scan of upper spine without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72126	CT scan of upper spine with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72127	CT scan of upper spine before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72128	CT scan of middle spine without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72129	CT scan of middle spine with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72130	CT scan of middle spine before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72131	CT scan of lower spine without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72132	CT scan of lower spine with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72133	CT scan of lower spine before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72141	MRI scan of upper spinal canal without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
72142	MRI scan of upper spinal canal with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72146	MRI scan of middle spinal canal without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72147	MRI scan of middle spinal canal with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72148	MRI scan of lower spinal canal without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72149	MRI scan of lower spinal canal with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72156	MRI scan of upper spinal canal before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72157	MRI scan of middle spinal canal before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72158	MRI scan of lower spinal canal before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72159	MRI scan of blood vessels of spinal canal	BCNA|MAPPO|HMO|PPO*	Carelon		
72191	CT scan of blood vessels of pelvis with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72192	CT scan of pelvis without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72193	CT scan of pelvis with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72194	CT scan of pelvis before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72195	MRI scan of pelvis without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72196	MRI scan of pelvis with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72197	MRI scan of pelvis before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
72198	MRI scan of blood vessels of pelvis	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
73200	CT scan of arm without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73201	CT scan of arm with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73202	CT scan of arm before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73206	CT scan of blood vessels of arm with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73218	MRI scan of arm without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73219	MRI scan of arm with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73220	MRI scan of arm before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73221	MRI scan of arm joint without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73222	MRI scan of arm joint with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73223	MRI scan of arm joint before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73225	MRI scan of blood vessels of arm	BCNA|MAPPO|HMO|PPO*	Carelon		
73700	CT scan of leg without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73701	CT scan of leg with contrast material	BCNA|MAPPO|HMO|PPO*	Carelon		
73702	CT scan of leg before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73706	CT scan of blood vessels of lower leg with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73718	MRI scan of leg without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73719	MRI scan of leg with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73720	MRI scan of leg before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73721	MRI scan of leg joint without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73722	MRI scan of leg joint with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73723	MRI scan of leg joint before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
73725	MRI scan of blood vessels of leg	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
74150	CT scan of abdomen without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74160	CT scan of abdomen with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74170	CT scan of abdomen before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74174	CT scan of blood vessels of abdomen and pelvis with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74175	CT scan of blood vessels of abdomen with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74176	CT scan of abdomen and pelvis without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74177	CT scan of abdomen and pelvis with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74178	CT scan of abdomen and pelvis before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74181	MRI scan of abdomen without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74182	MRI scan of abdomen with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74183	MRI scan of abdomen before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74185	MRI scan of blood vessels of abdomen	BCNA|MAPPO|HMO|PPO*	Carelon		
74261	Diagnostic CT scan of large intestine without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74262	Diagnostic CT scan of large intestine with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
74263	Screening CT scan of large intestine	BCNA|MAPPO|HMO|PPO*	Carelon		
74712	MRI scan of fetus for single or first pregnancy	BCNA|MAPPO|HMO|PPO*	Carelon		
74740	Review by radiologist of uterine tube and ovary image	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
74742	Review by radiologist of image from placement of uterine tube	BCNA|HMO	e-referral		
75557	MRI scan of heart without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
75559	MRI scan of heart without contrast with stress imaging	BCNA|MAPPO|HMO|PPO*	Carelon		
75561	MRI scan of heart before and after contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
75563	MRI scan of heart before and after contrast with stress imaging	BCNA|MAPPO|HMO|PPO*	Carelon		
75571	CT scan of heart with evaluation of blood vessel calcium	BCNA|MAPPO|HMO|PPO*	Carelon		
75572	CT scan of heart structure with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
75573	CT scan of congenital heart disease with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
75574	CT scan of blood vessels and grafts of heart with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
75577	QUAN&CHAR C ATHROSCLRTC	HMO	e-referral		1/1/2026
75635	CT scan of abdominal aorta and both leg arteries with contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
75894	Review by radiologist of image for insertion of material to block blood flow	BCNA|MAPPO|HMO	e-referral	See Footnote 9	
76014	MR SFTY IMPLT&/FB ASMT STF 1	HMO	Not Covered	See Footnote 10	
76015	MR SFTY MPLT&/FB ASMT STF EA	HMO	Not Covered	See Footnote 10	
76016	MR SAFETY DETER PHYS/QHP	HMO	Not Covered	See Footnote 10	
76017	MR SFTY MED PHYSICS XM CSTMZ	HMO	Not Covered	See Footnote 10	
76018	MR SAFETY IMPLANT ELEC PREPJ	HMO	Not Covered	See Footnote 10	
76019	MR SAFETY IMPLT POS&/IMMOBLJ	HMO	Not Covered	See Footnote 10	
76390	MRI study for measuring biochemical changes in the brain	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
76391	MRI and low frequency vibrations for measuring tissue stiffness	BCNA|MAPPO|HMO|PPO*	Carelon		
76496	Other fluoroscopic procedure	BCNA|HMO	e-referral		
76498	Other MRI scan	BCNA|HMO	e-referral		
76499	Other diagnostic Imaging procedure	BCNA|HMO	e-referral		
76857	Limited ultrasound scan of pelvis	HMO	e-referral	See Footnote 14	
76873	Echograp trans r pros study	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
76948	Ultrasonic guidance for retrieval of egg	BCNA|HMO	e-referral	See Footnote 6 and 14	
76965	Echo guidance radiotherapy	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
76981	Ultrasound scan of organ tissue for measuring elasticity	BCNA|HMO	e-referral		
76982	Ultrasound scan of growth for measuring elasticity, first growth	BCNA|HMO	e-referral		
76999	Other ultrasound procedure	BCNA|HMO	e-referral		
77046	MRI scan of 1 breast without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
77047	MRI scan of both breasts without contrast	BCNA|MAPPO|HMO|PPO*	Carelon		
77048	MRI scan of 1 breast	BCNA|MAPPO|HMO|PPO*	Carelon		
77049	MRI scan of both breasts	BCNA|MAPPO|HMO|PPO*	Carelon		
77078	CT scan for measuring calcium and other minerals in bone	BCNA|MAPPO|HMO|PPO*	Carelon		
77084	MRI scan of bone marrow	BCNA|MAPPO|HMO|PPO*	Carelon		
77089	Calculation of trabecular bone score (TBS) using imaging data with interpretation and report on fracture risk	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
77090	Technical preparation and transmission of imaging data for analysis of trabecular bone score (TBS) performed elsewhere	BCNA|HMO	e-referral		
77091	Technical calculation of trabecular bone score (TBS)	BCNA|HMO	e-referral		
77092	Interpretation of trabecular bone score (TBS) and report on fracture risk	BCNA|HMO	e-referral		
77261	Radiation therapy planning (SIMPLE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77262	Radiation therapy planning (INTERMEDIATE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77263	Radiation therapy planning (COMPLEX)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77280	Set radiation therapy field (SIMPLE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77285	Set radiation therapy field (INTERMEDIATE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77290	Set radiation therapy field (COMPLEX)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77293	Respirator motion mgmt simul	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77295	Set radiation therapy field	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77295	3D radiation therapy planning	PPO*	Carelon		
77299	Other management of radiation therapy or therapeutic radiology	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77299	Other management of radiation therapy or therapeutic radiology	BCNA|HMO	e-referral		
77300	Radiation therapy dose plan	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77301	Radiotherapy dose plan imrt	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77301	High precision radiation therapy planning	PPO*	Carelon		
77306	Telethx isodose plan simple	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77307	Telethx isodose plan cplx	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
77316	Brachytx isodose plan simple	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77316	Simple radiation therapy planning for delivery of internal radiation	PPO*	Carelon		
77317	Brachytx isodose intermed	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77318	Brachytx isodose complex	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77321	Special teletx port plan	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77331	Special radiation dosimetry	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77332	Radiation treatment aid(s) (SIMPLE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77333	Radiation treatment aid(s) (INTERMEDIATE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77334	Radiation treatment aid(s) (COMPLEX)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77336	Radiation physics consult	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77338	Design mlc device for imrt	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77338	Design and construction of radiation treatment device for high precision radiation therapy	PPO*	Carelon		
77370	Radiation physics consult	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77370	Special medical radiation therapy consultation	PPO*	Carelon		
77371	Srs multisource	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77371	Complete single session course of cranial lesion surgery using radiation	PPO*	Carelon		
77372	Srs linear based	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77373	Sbrt delivery	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77373	Cranial lesion surgery using radiation over multiple sessions	PPO*	Carelon		
77387	Guidance for radj tx dlvr	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77387	Imaging guidance for localization of radiation treatment	PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
77399	External radiation dosimetry	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77402	Radiation treatment delivery (SIMPLE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77402	Delivery of simple radiation treatment	PPO*	Carelon		
77407	Radiation treatment delivery (INTERMEDIATE)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77412	Radiation treatment delivery (COMPLEX)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77417	Radiology port film(s)	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77423	Neutron beam tx complex	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77424	Io rad tx delivery by x-ray	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77424	Delivery of single session of intraoperative radiation treatment with X-ray	PPO*	Carelon		
77425	Io rad tx deliver by elctrns	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77427	Radiation tx management x5	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77431	Radiation therapy management	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77432	Stereotactic radiation trmt	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77432	Management of complete single session course of cranial lesion surgery using radiation	PPO*	Carelon		
77435	Sbrt management	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77435	Management of cranial lesion surgery using radiation over multiple sessions	PPO*	Carelon		
77436	SURF RADJ THER TX PLANNING	HMO	e-referral		
77437	SURF RADJ THER SUPFC<=150KV	HMO	e-referral		
77438	SURF RAD THR ORTHVLT>150-500	HMO	e-referral		
77439	SURF RAD THR IMG GDN US PLMT	HMO	e-referral		
77469	Lo radiation tx management	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
77469	Management of intraoperative radiation treatment	PPO*	Carelon		
77470	Special radiation treatment	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77470	Special radiation treatment	PPO*	Carelon		
77499	Radiation therapy management	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77520	Proton trmt simple w/o comp	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77520	Simple proton beam radiation treatment	PPO*	Carelon		
77522	Proton trmt simple w/comp	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77522	Simple proton beam radiation treatment with compensation	PPO*	Carelon		
77523	Proton trmt intermediate	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77523	Intermediate proton beam radiation treatment	PPO*	Carelon		
77525	Proton treatment complex	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77525	Complex proton beam radiation treatment	PPO*	Carelon		
77600	Hyperthermia treatment	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77610	Hyperthermia treatment	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77615	Hyperthermia treatment	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77761	Apply intrcav radiat simple	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77761	Simple body cavity radiation source application	PPO*	Carelon		
77762	Apply intrcav radiat interm	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77763	Apply intrcav radiat compl	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77767	Hdr rdncl skn surf brachytx	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77768	Hdr rdncl skn surf brachytx	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77770	Hdr rdncl ntrstl/icav brchtx	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77771	Hdr rdncl ntrstl/icav brchtx	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
77772	Hdr rdncl ntrstl/icav brchtx	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77778	Apply interstit radiat compl	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77789	Apply surface radiation	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77790	Radiation handling	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
77790	Supervision, handling, and loading of radiation source	PPO*	Carelon		
77799	Radium/radioisotope therapy	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
78012	Nuclear medicine study of thyroid function	HMO|PPO*	Carelon		
78013	Nuclear medicine study of thyroid	HMO|PPO*	Carelon		
78014	Nuclear medicine study of thyroid and thyroid function	HMO|PPO*	Carelon		
78015	Nuclear medicine study of limited area for thyroid cancer	HMO|PPO*	Carelon		
78016	Nuclear medicine studies for thyroid cancer, additional studies	HMO|PPO*	Carelon		
78018	Nuclear medicine study of whole body for thyroid cancer	HMO|PPO*	Carelon		
78070	Nuclear medicine study of parathyroid	HMO|PPO*	Carelon		
78071	Nuclear medicine study of parathyroid with SPECT	HMO|PPO*	Carelon		
78072	Nuclear medicine study of parathyroid with SPECT and CT scan	HMO|PPO*	Carelon		
78075	Nuclear medicine study of adrenal glands	HMO|PPO*	Carelon		
78102	Nuclear medicine study of bone marrow limited area	HMO|PPO*	Carelon		
78103	Nuclear medicine study of bone marrow multiple areas	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78104	Nuclear medicine study of bone marrow whole body	HMO|PPO*	Carelon		
78185	Nuclear medicine study of spleen	HMO|PPO*	Carelon		
78195	Nuclear medicine study of lymphatic system	HMO|PPO*	Carelon		
78201	Nuclear medicine study of liver	HMO|PPO*	Carelon		
78202	Nuclear medicine study of liver and blood flow	HMO|PPO*	Carelon		
78215	Nuclear medicine study of liver and spleen	HMO|PPO*	Carelon		
78216	Nuclear medicine study of liver, spleen, and blood flow	HMO|PPO*	Carelon		
78226	Nuclear medicine study of liver and bile duct system	HMO|PPO*	Carelon		
78227	Nuclear medicine study of liver and bile duct system with use of drugs	HMO|PPO*	Carelon		
78230	Nuclear medicine study of salivary gland	HMO|PPO*	Carelon		
78231	Nuclear medicine study of salivary gland with serial images	HMO|PPO*	Carelon		
78232	Nuclear medicine study of salivary gland function	HMO|PPO*	Carelon		
78258	Nuclear medicine study of esophagus to assess movement	HMO|PPO*	Carelon		
78261	Nuclear medicine study of stomach lining	HMO|PPO*	Carelon		
78262	Nuclear medicine study of stomach and esophagus to assess reflux	HMO|PPO*	Carelon		
78264	Nuclear medicine study of stomach to assess emptying	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78265	Nuclear medicine study of stomach to assess emptying and small bowel movement	HMO|PPO*	Carelon		
78266	Nuclear medicine study of stomach to assess emptying and small and large bowel movement	HMO|PPO*	Carelon		
78278	Nuclear medicine study to assess blood loss	HMO|PPO*	Carelon		
78290	Nuclear medicine study of intestine	HMO|PPO*	Carelon		
78291	Nuclear medicine study to assess the degree of openness of shunt from jugular vein to abdominal cavity	HMO|PPO*	Carelon		
78299	Nuclear medicine study of digestive tracts	BCNA|HMO	e-referral		
78300	Nuclear medicine study of bone and/or joint limited area	HMO|PPO*	Carelon		
78305	Nuclear medicine study of bone and/or joint multiple areas	HMO|PPO*	Carelon		
78306	Nuclear medicine study of bone and/or joint whole body	HMO|PPO*	Carelon		
78315	Nuclear medicine study of bone taken at different times	HMO|PPO*	Carelon		
78350	Nuclear medicine study to measure bone loss using 1 photon beam	BCNA|HMO	e-referral		
78351	Nuclear medicine study to measure bone loss using 2 photon beams	BCNA|HMO	e-referral		
78429	Nuclear medicine study of heart muscle with metabolic evaluation and concurrent CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78430	Nuclear medicine study of blood flow in heart muscle at rest and with stress with concurrent CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		
78431	Nuclear medicine studies of blood flow in heart muscle at rest and with stress with concurrent CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		
78432	Nuclear medicine study of heart muscle with metabolic and blood flow evaluation requiring 2 injections	BCNA|MAPPO|HMO|PPO*	Carelon		
78433	Nuclear medicine study of heart muscle with metabolic and blood flow evaluation requiring 2 injections and concurrent CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		
78445	Nuclear medicine study of non-cardiac blood flow	HMO|PPO*	Carelon		
78451	Nuclear medicine study of heart muscle at rest and with stress and SPECT	BCNA|MAPPO|HMO|PPO*	Carelon		
78452	Nuclear medicine studies of heart muscle at rest and with stress and SPECT	BCNA|MAPPO|HMO|PPO*	Carelon		
78453	Nuclear medicine study of heart muscle at rest and with stress with single 2D image	BCNA|MAPPO|HMO|PPO*	Carelon		
78454	Nuclear medicine studies of heart muscle at rest and with stress with single 2D image	BCNA|MAPPO|HMO|PPO*	Carelon		
78456	Nuclear medicine study to assess blood clot in vein using radiolabeled peptide	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78457	Nuclear medicine study to assess blood clot in vein of side	HMO|PPO*	Carelon		
78458	Nuclear medicine study to assess blood clot in vein of both sides	HMO|PPO*	Carelon		
78459	Nuclear medicine study of heart muscle with metabolic evaluation	BCNA|MAPPO|HMO|PPO*	Carelon		
78466	Nuclear medicine study of heart muscle following heart attack	BCNA|MAPPO|HMO|PPO*	Carelon		
78468	Nuclear medicine study of heart muscle following heart attack with measurement of internal blood volume ejected with every beat	BCNA|MAPPO|HMO|PPO*	Carelon		
78469	Nuclear medicine study of heart muscle following heart attack with SPECT	BCNA|MAPPO|HMO|PPO*	Carelon		
78472	Nuclear medicine study of heart pumping function by labeling red blood cells with measurement of internal blood volume ejected with every beat over multiple cycles	BCNA|MAPPO|HMO|PPO*	Carelon		
78473	Nuclear medicine studies of heart pumping function by labeling red blood cells with measurement of internal blood volume ejected with every beat over multiple cycles	BCNA|MAPPO|HMO|PPO*	Carelon		
78481	Nuclear medicine study of heart pumping function with measurement of internal blood volume ejected with every beat over a single cycle	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78483	Nuclear medicine studies of heart pumping function by first pass technique with measurement of internal blood volume ejected with every beat over a single cycle	BCNA|MAPPO|HMO|PPO*	Carelon		
78491	Nuclear medicine study of blood flow in heart muscle at rest and with stress	BCNA|MAPPO|HMO|PPO*	Carelon		
78492	Nuclear medicine studies of blood flow in heart muscle at rest and with stress	BCNA|MAPPO|HMO|PPO*	Carelon		
78494	Nuclear medicine study of heart pumping function by labeling red blood cells with measurement of internal blood volume ejected with every beat over multiple cycles with SPECT	BCNA|MAPPO|HMO|PPO*	Carelon		
78579	Nuclear medicine study of lung ventilation	HMO|PPO*	Carelon		
78580	Nuclear medicine study of lung circulation	HMO|PPO*	Carelon		
78582	Nuclear medicine study of lung ventilation and circulation	HMO|PPO*	Carelon		
78597	Nuclear medicine study of lung ventilation and blood flow to lung	HMO|PPO*	Carelon		
78598	Nuclear medicine study of lung ventilation and circulation and blood flow to lung	HMO|PPO*	Carelon		
78600	Nuclear medicine study of brain, less than 4 static views	HMO|PPO*	Carelon		
78601	Nuclear medicine study of brain and blood flow	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78605	Nuclear medicine study of brain, 4 static views or more	HMO|PPO*	Carelon		
78606	Nuclear medicine study of brain and blood flow, 4 static views or more	HMO|PPO*	Carelon		
78608	Nuclear medicine study of brain with metabolic evaluation	BCNA|MAPPO|HMO|PPO*	Carelon		
78609	Nuclear medicine study of brain with blood flow evaluation	BCNA|MAPPO|HMO|PPO*	Carelon		
78610	Nuclear medicine study of brain with blood flow	HMO|PPO*	Carelon		
78630	Nuclear medicine study of cerebrospinal fluid flow after injection of contrast into lower spine	HMO|PPO*	Carelon		
78635	Nuclear medicine study of cerebrospinal fluid flow after injection of contrast into ventricles	HMO|PPO*	Carelon		
78645	Nuclear medicine study of cerebrospinal fluid flow to evaluate shunt	HMO|PPO*	Carelon		
78650	Nuclear medicine study of cerebrospinal fluid flow to locate leakage	HMO|PPO*	Carelon		
78660	Nuclear medicine study of tear drainage structure	HMO|PPO*	Carelon		
78700	Nuclear medicine study of kidney	HMO|PPO*	Carelon		
78701	Nuclear medicine study of kidney and blood flow	HMO|PPO*	Carelon		
78707	Nuclear medicine study of kidney, blood flow, and function	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78708	Nuclear medicine study of kidney, blood, flow, and function with drug administration	HMO|PPO*	Carelon		
78709	Nuclear medicine studies of kidney, blood flow, and function	HMO|PPO*	Carelon		
78725	Nuclear medicine study of kidney function	HMO|PPO*	Carelon		
78740	Nuclear medicine study to assess urine flow	HMO|PPO*	Carelon		
78761	Nuclear medicine study of testicle and blood flow	HMO|PPO*	Carelon		
78800	Nuclear medicine study, 1 area	HMO|PPO*	Carelon		
78801	Nuclear medicine study, multiple areas	HMO|PPO*	Carelon		
78802	Nuclear medicine study, whole body	HMO|PPO*	Carelon		
78803	Nuclear medicine study, SPECT imaging, 1 area or single acquisition, single day imaging	HMO|PPO*	Carelon		
78804	Nuclear medicine study, whole body requiring multiple imaging days	HMO|PPO*	Carelon		
78811	Nuclear medicine study limited area	BCNA|MAPPO|HMO|PPO*	Carelon		
78812	Nuclear medicine study from skull base to mid-thigh	BCNA|MAPPO|HMO|PPO*	Carelon		
78813	Nuclear medicine study whole body	BCNA|MAPPO|HMO|PPO*	Carelon		
78814	Nuclear medicine study limited area with CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		
78815	Nuclear medicine study from skull base to mid-thigh with CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		
78816	Nuclear medicine study whole body with CT scan	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
78830	Nuclear medicine study, SPECT imaging with concurrent CT scan, 1 area or single acquisition, single day imaging	HMO|PPO*	Carelon		
78831	Nuclear medicine study, SPECT imaging, at least 2 areas or separate acquisitions, single day imaging, or single area or acquisition over multiple days	HMO|PPO*	Carelon		
78832	Nuclear medicine study, SPECT imaging with concurrent CT scan, at least 2 areas or separate acquisitions, single day imaging, or single area or acquisition over multiple days	HMO|PPO*	Carelon		
78999	Other nuclear medicine study	BCNA|HMO	e-referral		
79101	Nuclear rx iv admin	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
79999	Radioactive drug therapy	BCNA|HMO	e-referral		
80145	Measurement of adalimumab	BCNA|HMO	JVHL		
80187	Measurement of posaconazole	BCNA|HMO	JVHL		
80189	Measurement of itraconazole	BCNA|HMO	JVHL		
80204	Measurement of methotrexate	BCNA|HMO	JVHL		
80230	Measurement of infliximab	BCNA|HMO	JVHL		
80235	Measurement of lacosamide	BCNA|HMO	JVHL		
80280	Measurement of vedolizumab	BCNA|HMO	JVHL		
80285	Measurement of voriconazole	BCNA|HMO	JVHL		
81105	Gene analysis (Human Platelet Antigen 1) for common variant	BCNA|HMO	JVHL		
81106	Gene analysis (Human Platelet Antigen 2) for common variant	BCNA|HMO	JVHL		
81107	Gene analysis (Human Platelet Antigen 3) for common variant	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81108	Gene analysis (Human Platelet Antigen 4) for common variant	BCNA|HMO	JVHL		
81109	Gene analysis (Human Platelet Antigen 5) for common variant	BCNA|HMO	JVHL		
81110	Gene analysis (Human Platelet Antigen 6) for common variant	BCNA|HMO	JVHL		
81111	Gene analysis (Human Platelet Antigen 9) for common variant	BCNA|HMO	JVHL		
81112	Gene analysis (Human Platelet Antigen 15) for common variant	BCNA|HMO	JVHL		
81120	Gene analysis (isocitrate dehydrogenase 1 [NADP+], soluble) for common variants	BCNA|HMO	JVHL		
81121	Gene analysis (isocitrate dehydrogenase 2 [NADP+], mitochondrial) for common variants	BCNA|HMO	JVHL		
81161	Gene analysis (dystrophin)	BCNA|HMO	JVHL		
81162	Gene analysis (breast cancer 1 and 2) of full sequence and analysis for duplication or deletion variants	BCNA|HMO	JVHL		
81163	Gene analysis (breast cancer 1 and 2) of full sequence	BCNA|HMO	JVHL		
81164	Gene analysis (breast cancer 1 and 2) for duplication or deletion variants	BCNA|HMO	JVHL		
81165	Gene analysis (breast cancer 1) of full sequence	BCNA|HMO	JVHL		
81166	Gene analysis (breast cancer 1) for duplication or deletion variants	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81167	Gene analysis (breast cancer 2) for duplication or deletion variants	BCNA|HMO	JVHL		
81168	Gene analysis (CCND1/IGH (t(11;14))) translocation analysis	BCNA|HMO	JVHL		
81170	Gene analysis (ABL proto-oncogene 1, non-receptor tyrosine kinase)	BCNA|HMO	JVHL		
81171	Gene analysis (fragile X mental retardation 2) for abnormal alleles	BCNA|HMO	JVHL		
81172	Gene analysis (fragile X mental retardation 2) for characterization of alleles	BCNA|HMO	JVHL		
81173	Gene analysis (androgen receptor) of full sequence	BCNA|HMO	JVHL		
81174	Gene analysis (androgen receptor) for known familial variant	BCNA|HMO	JVHL		
81175	Gene analysis (additional sex combs like 1, transcriptional regulator) full sequence analysis	BCNA|HMO	JVHL		
81176	Gene analysis (additional sex combs like 1, transcriptional regulator) targeted sequence analysis	BCNA|HMO	JVHL		
81177	Gene analysis (atropin 1) for abnormal alleles	BCNA|HMO	JVHL		
81178	Gene analysis (ataxin 1) for abnormal alleles	BCNA|HMO	JVHL		
81179	Gene analysis (ataxin 2) for abnormal alleles	BCNA|HMO	JVHL		
81180	Gene analysis (ataxin 3) for abnormal alleles	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81181	Gene analysis (ataxin 7) for abnormal alleles	BCNA|HMO	JVHL		
81182	Gene analysis (ataxin 8 opposite strand [non-protein coding]) for abnormal alleles	BCNA|HMO	JVHL		
81183	Gene analysis (ataxin 10) for abnormal alleles	BCNA|HMO	JVHL		
81184	Gene analysis (calcium voltage-gated channel subunit alpha1 A) for abnormal alleles	BCNA|HMO	JVHL		
81185	Gene analysis (calcium voltage-gated channel subunit alpha1 A) of full sequence	BCNA|HMO	JVHL		
81186	Gene analysis (calcium voltage-gated channel subunit alpha1 A) for known familial variant	BCNA|HMO	JVHL		
81187	Gene analysis (CCH-type zinc finger nucleic acid binding protein) for abnormal alleles	BCNA|HMO	JVHL		
81188	Gene analysis (cystatin B) for abnormal alleles	BCNA|HMO	JVHL		
81189	Gene analysis (cystatin B) of full sequence	BCNA|HMO	JVHL		
81190	Gene analysis (cystatin B) for known familial variants	BCNA|HMO	JVHL		
81191	Gene analysis (neurotrophic receptor tyrosine kinase 1) translocation analysis	BCNA|HMO	JVHL		
81192	Gene analysis (neurotrophic receptor tyrosine kinase 2) translocation analysis	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81193	Gene analysis (neurotrophic receptor tyrosine kinase 3) translocation analysis	BCNA|HMO	JVHL		
81194	Gene analysis (neurotrophic receptor tyrosine kinase 1, 2, and 3) translocation analysis	BCNA|HMO	JVHL		
81200	Gene analysis (aspartoacylase)	BCNA|HMO	JVHL		
81201	Gene analysis (adenomatous polyposis coli), full gene sequence	BCNA|HMO	JVHL		
81202	Gene analysis (adenomatous polyposis coli), known familial variants	BCNA|HMO	JVHL		
81203	Gene analysis (adenomatous polyposis coli), duplication or deletion variants	BCNA|HMO	JVHL		
81204	Gene analysis (androgen receptor) for characterization of alleles	BCNA|HMO	JVHL		
81205	Gene analysis (branched-chain keto acid dehydrogenase E1, beta polypeptide)	BCNA|HMO	JVHL		
81206	Translocation analysis (BCR/ABL1) major breakpoint	BCNA|HMO	JVHL		
81207	Translocation analysis (BCR/ABL1) minor breakpoint	BCNA|HMO	JVHL		
81208	Translocation analysis (BCR/ABL1) other breakpoint	BCNA|HMO	JVHL		
81209	Gene analysis (Bloom syndrome, RecQ helicase-like)	BCNA|HMO	JVHL		
81210	Gene analysis (v-raf murine sarcoma viral oncogene homolog B1)	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION VARIANTS IN BRCA1 (IE, EX	BCNA|HMO	JVHL		
81212	Gene analysis (breast cancer 1 and 2) for 185delAG, 5385insC, 6174delT variants	BCNA|HMO	JVHL		
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON DUPLICATION/DELETION VARIANTS	BCNA|HMO	JVHL		
81214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION VARIANTS (IE, EXON 13 DEL 3.835KB, EXO	BCNA|HMO	JVHL		
81215	Gene analysis (breast cancer 1) for known familial variant	BCNA|HMO	JVHL		
81216	Gene analysis (breast cancer 2) of full sequence	BCNA|HMO	JVHL		
81217	Gene analysis (breast cancer 2) for known familial variant	BCNA|HMO	JVHL		
81218	Gene analysis (ccaat/enhancer binding protein [c/ebp], alpha) full gene sequence	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81219	Gene analysis (calreticulin), common variants	BCNA|HMO	JVHL		
81220	Gene analysis (cystic fibrosis transmembrane conductance regular) common variants	BCNA|HMO	JVHL		
81221	Gene analysis (cystic fibrosis transmembrane conductance regular) known familial variants	BCNA|HMO	JVHL		
81222	Gene analysis (cystic fibrosis transmembrane conductance regular) duplication or deletion variants	BCNA|HMO	JVHL		
81223	Gene analysis (cystic fibrosis transmembrane conductance regular) full gene sequence	BCNA|HMO	JVHL		
81224	Gene analysis (cystic fibrosis transmembrane conductance regular) intron 8 poly-T	BCNA|HMO	JVHL		
81225	Gene analysis (cytochrome P450, family 2, subfamily C, polypeptide 19) common variants	BCNA|HMO	JVHL		
81226	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) common variants	BCNA|HMO	JVHL		
81227	Gene analysis (cytochrome P450, family 2, subfamily C, polypeptide 9) common variants	BCNA|HMO	JVHL		
81228	Genome-wide microarray analysis for copy number variants	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81229	Genome-wide microarray analysis for copy number and single nucleotide polymorphism (SNP) variants	BCNA|HMO	JVHL		
81230	Gene analysis (cytochrome P450 family 3 subfamily A member 4) for common variant	BCNA|HMO	JVHL		
81231	Gene analysis (cytochrome P450 family 3 subfamily A member 5) for common variant	BCNA|HMO	JVHL		
81232	Gene analysis (dihydropyrimidine dehydrogenase) for common variant	BCNA|HMO	JVHL		
81233	Gene analysis (Bruton's tyrosine kinase) for common variants	BCNA|HMO	JVHL		
81234	Gene analysis (DM1 protein kinase) for abnormal alleles	BCNA|HMO	JVHL		
81235	Gene analysis (epidermal growth factor receptor), common variants	BCNA|HMO	JVHL		
81236	Gene analysis (enhancer of zeste 2 polycomb repressive complex 2 subunit) of full sequence	BCNA|HMO	JVHL		
81237	Gene analysis (enhancer of zeste 2 polycomb repressive complex 2 subunit) for common variants	BCNA|HMO	JVHL		
81238	Gene analysis (coagulation factor IX) full sequence analysis	BCNA|HMO	JVHL		
81239	Gene analysis (DM1 protein kinase) for characterization of alleles	BCNA|HMO	JVHL		
81240	Gene analysis (prothrombin, coagulation factor II) A variant	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81241	Gene analysis (coagulation factor V) Leiden variant	BCNA|HMO	JVHL		
81242	Gene analysis (Fanconi anemia, complementation group C) common variant	BCNA|HMO	JVHL		
81243	Gene analysis (fragile X mental retardation) abnormal alleles	BCNA|HMO	JVHL		
81244	Gene analysis (fragile X mental retardation 1) for characterization of alleles	BCNA|HMO	JVHL		
81245	Gene analysis (fms-related tyrosine kinase 3) internal tandem duplication variants	BCNA|HMO	JVHL		
81246	Test for detecting genes associated with blood cancer	BCNA|HMO	JVHL		
81247	Gene analysis (glucose-6-phosphate dehydrogenase) for common variant	BCNA|HMO	JVHL		
81248	Gene analysis (glucose-6-phosphate dehydrogenase) for known familial variant	BCNA|HMO	JVHL		
81249	Gene analysis (glucose-6-phosphate dehydrogenase) full sequence analysis	BCNA|HMO	JVHL		
81250	Gene analysis (glucose-6-phosphatase, catalytic subunit) common variants	BCNA|HMO	JVHL		
81251	Gene analysis (glucosidase, beta, acid) common variants	BCNA|HMO	JVHL		
81252	Gene analysis (gap junction protein, beta 2, 26kda, connexin 26), full gene sequence	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81253	Gene analysis (gap junction protein, beta 2, 26kda, connexin 26), known familial variants	BCNA|HMO	JVHL		
81254	Gene analysis (gap junction protein, beta 6, 30kda, connexin 30), common variants	BCNA|HMO	JVHL		
81255	Gene analysis (hexosaminidase A) common variants	BCNA|HMO	JVHL		
81256	Gene analysis (hemochromatosis) common variants	BCNA|HMO	JVHL		
81257	Gene analysis (alpha globin 1 and alpha globin 2) for common deletions or variant	BCNA|HMO	JVHL		
81258	Gene analysis (alpha globin 1 and alpha globin 2) for known familial variant	BCNA|HMO	JVHL		
81259	Gene analysis (alpha globin 1 and alpha globin 2) full sequence analysis	BCNA|HMO	JVHL		
81260	Gene analysis (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) common variants	BCNA|HMO	JVHL		
81261	Gene rearrangement analysis (immunoglobulin heavy chain locus) to detect abnormal clonal population amplified methodology	BCNA|HMO	JVHL		
81262	Gene rearrangement analysis (immunoglobulin heavy chain locus) to detect abnormal clonal population direct probe methodology	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81263	Gene rearrangement analysis (immunoglobulin heavy chain locus), variable region somatic mutation analysis	BCNA|HMO	JVHL		
81264	Gene rearrangement analysis (immunoglobulin kappa light chain locus) to detect abnormal clonal population	BCNA|HMO	JVHL		
81265	Comparative analysis using Short Tandem Repeat (STR) markers of patient and specimen	BCNA|HMO	JVHL		
81266	Comparative analysis using Short Tandem Repeat (STR) markers of patient and specimen, each additional specimen	BCNA|HMO	JVHL		
81267	Chimerism analysis post transplantation, without cell selection	BCNA|HMO	JVHL		
81268	Chimerism analysis post transplantation, with cell selection	BCNA|HMO	JVHL		
81269	Gene analysis (alpha globin 1 and alpha globin 2) for duplication/deletion variants	BCNA|HMO	JVHL		
81270	Gene analysis (Janus kinase 2) variant	BCNA|HMO	JVHL		
81271	Gene analysis (Huntingtin) for abnormal alleles	BCNA|HMO	JVHL		
81272	Gene analysis (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog), targeted sequence	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81273	Gene analysis (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog), D816 variants	BCNA|HMO	JVHL		
81274	Gene analysis (Huntingtin) for characterization of alleles	BCNA|HMO	JVHL		
81275	Gene analysis (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) variants in codons 12 and 13	BCNA|HMO	JVHL		
81276	Gene analysis (Kirsten rat sarcoma viral oncogene homolog), additional variants	BCNA|HMO	JVHL		
81277	Cancer cytogenomic array gene analysis	BCNA|HMO	JVHL		
81278	Gene analysis (IGH@/BCL2 (t(14;18)) translocation analysis	BCNA|HMO	JVHL		
81279	Gene analysis (Janus kinase 2) targeted sequence analysis	BCNA|HMO	JVHL		
81280	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); FULL SEQUENCE ANALYSIS	BCNA|HMO	JVHL		
81281	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); KNOWN FAMILIAL SEQUENCE VARIANT	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81282	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); DUPLICATION/DELETION VARIANTS	BCNA|HMO	JVHL		
81283	Gene analysis (interferon, lambda 3) for rs12979860 variant	BCNA|HMO	JVHL		
81284	Gene analysis (frataxin) for abnormal alleles	BCNA|HMO	JVHL		
81285	Gene analysis (frataxin) for characterization of alleles	BCNA|HMO	JVHL		
81286	Gene analysis (frataxin) of full sequence	BCNA|HMO	JVHL		
81287	Gene analysis (O-6-methylguanine-DNA methyltransferase) for promoter methylation	BCNA|HMO	JVHL		
81288	Test for detecting genes associated with colon cancer, promoter methylation analysis	BCNA|HMO	JVHL		
81289	Gene analysis (frataxin) for known familial variants	BCNA|HMO	JVHL		
81290	Gene analysis (mucolipin 1) common variants	BCNA|HMO	JVHL		
81291	Gene analysis (5, 10-methylenetetrahydrofolate reductase) common variants	BCNA|HMO	JVHL		
81292	Gene analysis (mutL homolog 1, colon cancer, nonpolyposis type 2) full sequence analysis	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81293	Gene analysis (mutL homolog 1, colon cancer, nonpolyposis type 2) known familial variants	BCNA|HMO	JVHL		
81294	Gene analysis (mutL homolog 1, colon cancer, nonpolyposis type 2) duplication or deletion variants	BCNA|HMO	JVHL		
81295	Gene analysis (mutS homolog 2, colon cancer, nonpolyposis type 1) full sequence analysis	BCNA|HMO	JVHL		
81296	Gene analysis (mutS homolog 2, colon cancer, nonpolyposis type 1) known familial variants	BCNA|HMO	JVHL		
81297	Gene analysis (mutS homolog 2, colon cancer, nonpolyposis type 1) duplication or deletion variants	BCNA|HMO	JVHL		
81298	Gene analysis (mutS homolog 6 [E coli]) full sequence analysis	BCNA|HMO	JVHL		
81299	Gene analysis (mutS homolog 6 [E coli]) known familial variants	BCNA|HMO	JVHL		
81300	Gene analysis (mutS homolog 6 [E coli]) duplication or deletion variants	BCNA|HMO	JVHL		
81301	Microsatellite instability analysis	BCNA|HMO	JVHL		
81302	Gene analysis (methyl CpG binding protein 2) full sequence analysis	BCNA|HMO	JVHL		
81303	Gene analysis (methyl CpG binding protein 2) known familial variant	BCNA|HMO	JVHL		
81304	Gene analysis (methyl CpG binding protein 2) duplication or deletion variants	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81305	Gene analysis (myeloid differentiation primary response 88) for p.Leu265Pro variant	BCNA|HMO	JVHL		
81306	Gene analysis (nudix hydrolase 15) for common variants	BCNA|HMO	JVHL		
81307	Gene analysis (partner and localizer of BRCA2) full sequence analysis	BCNA|HMO	JVHL		
81308	Gene analysis (partner and localizer of BRCA2) for detection of known familial variant	BCNA|HMO	JVHL		
81309	Gene analysis (partner and localizer of BRCA2) targeted sequence analysis	BCNA|HMO	JVHL		
81310	Gene analysis (nucleophosmin) exon 12 variants	BCNA|HMO	JVHL		
81311	Gene analysis for cancer (neuroblastoma)	BCNA|HMO	JVHL		
81312	Gene analysis (poly[A] binding protein nuclear 1) for abnormal alleles	BCNA|HMO	JVHL		
81313	Test for detecting genes associated with prostate cancer	BCNA|HMO	JVHL		
81314	Gene analysis ((platelet-derived growth factor receptor, alpha polypeptide) targeted sequence	BCNA|HMO	JVHL		
81315	Translocation analysis (PML-RARA regulated adaptor molecule 1) common breakpoint	BCNA|HMO	JVHL		
81316	Translocation analysis (PML-RARA regulated adaptor molecule 1) single breakpoint	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81317	Gene analysis (postmeiotic segregation increased 2 [S cerevisiae]) full sequence analysis	BCNA|HMO	JVHL		
81318	Gene analysis (postmeiotic segregation increased 2 [S cerevisiae]) known familiar variants	BCNA|HMO	JVHL		
81319	Gene analysis (postmeiotic segregation increased 2 [S cerevisiae]) duplication or deletion variants	BCNA|HMO	JVHL		
81320	Gene analysis (phospholipase C gamma 2) for common variants	BCNA|HMO	JVHL		
81321	Gene analysis (phosphatase and tensin homolog), full sequence analysis	BCNA|HMO	JVHL		
81322	Gene analysis (phosphatase and tensin homolog), known familial variant	BCNA|HMO	JVHL		
81323	Gene analysis (phosphatase and tensin homolog), duplication or deletion variant	BCNA|HMO	JVHL		
81324	Gene analysis (peripheral myelin protein 22), duplication or deletion analysis	BCNA|HMO	JVHL		
81325	Gene analysis (peripheral myelin protein 22), full sequence analysis	BCNA|HMO	JVHL		
81326	Gene analysis (peripheral myelin protein 22), known familial variant	BCNA|HMO	JVHL		
81327	Gene analysis (Septin9) for promoter methylation	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81328	Gene analysis (solute carrier organic anion transporter family, member 1B1) for common variant	BCNA|HMO	JVHL		
81329	Gene analysis (survival of motor neuron 1, telomeric) for dosage/deletion	BCNA|HMO	JVHL		
81330	Gene analysis (sphingomyelin phosphodiesterase 1, acid lysosomal) common variants	BCNA|HMO	JVHL		
81331	Methylation analysis (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A)	BCNA|HMO	JVHL		
81332	Gene analysis (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) common variants	BCNA|HMO	JVHL		
81333	Gene analysis (transforming growth factor beta-induced) for common variants	BCNA|HMO	JVHL		
81334	Gene analysis (runt related transcription factor 1) targeted sequence analysis	BCNA|HMO	JVHL		
81335	Gene analysis (thiopurine S-methyltransferase) for common variant	BCNA|HMO	JVHL		
81336	Gene analysis (survival of motor neuron 1, telomeric) of full sequence	BCNA|HMO	JVHL		
81337	Gene analysis (survival of motor neuron 1, telomeric) for known familial sequence variants	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81338	Gene analysis (MPL proto-oncogene, thrombopoietin receptor) for detection of common variants	BCNA|HMO	JVHL		
81339	Gene analysis (MPL proto-oncogene, thrombopoietin receptor) sequence analysis of exon 10	BCNA|HMO	JVHL		
81340	Gene analysis (T cell antigen receptor beta) amplification methodology	BCNA|HMO	JVHL		
81341	Gene rearrangement analysis detection abnormal clonal population (T cell antigen receptor beta) direct probe methodology	BCNA|HMO	JVHL		
81342	Gene rearrangement analysis detection abnormal clonal population (T cell antigen receptor gamma)	BCNA|HMO	JVHL		
81343	Gene analysis (protein phosphatase 2 regulatory subunit Bbeta) for abnormal alleles	BCNA|HMO	JVHL		
81344	Gene analysis (TATA box binding protein) for abnormal alleles	BCNA|HMO	JVHL		
81345	Gene analysis (telomerase reverse transcriptase) targeted sequence analysis	BCNA|HMO	JVHL		
81346	Gene analysis (thymidylate synthetase) for common variant	BCNA|HMO	JVHL		
81347	Gene analysis (splicing factor [3b] subunit B1) for detection of common variants	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81348	Gene analysis (serine and arginine-rich splicing factor 2) for detection of common variants	BCNA|HMO	JVHL		
81350	Gene analysis (UDP glucuronosyltransferase 1 family, polypeptide A1) for detection of common variants	BCNA|HMO	JVHL		
81351	Gene analysis (tumor protein 53) full sequence analysis	BCNA|HMO	JVHL		
81352	Gene analysis (tumor protein 53) targeted sequence analysis	BCNA|HMO	JVHL		
81353	Gene analysis (tumor protein 53) targeted sequence analysis for detection of known familial variant	BCNA|HMO	JVHL		
81354	CYTOG ALYS CHRML ABNOR OGM	HMO	JVHL		1/1/2026
81355	Gene analysis (vitamin K epoxide reductase complex subunit 1) common variants	BCNA|HMO	JVHL		
81357	Gene analysis (U2 small nuclear RNA auxiliary factor 1) for detection of common variants	BCNA|HMO	JVHL		
81360	Gene analysis (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) for detection of common variants	BCNA|HMO	JVHL		
81361	Gene analysis (hemoglobin, subunit beta) for common variant	BCNA|HMO	JVHL		
81362	Gene analysis (hemoglobin, subunit beta) for known familial variant	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81363	Gene analysis (hemoglobin, subunit beta) for duplication/deletion variant	BCNA|HMO	JVHL		
81364	Gene analysis (hemoglobin, subunit beta) full sequence analysis	BCNA|HMO	JVHL		
81370	HLA class I and II typing low resolution HLA-A, -B, -C, -DRB1/3/4/5 and -DQB1	BCNA|HMO	JVHL		
81371	HLA class I and II typing, low resolution HLA-A, -B, and -DRB1	BCNA|HMO	JVHL		
81372	HLA class I typing low resolution	BCNA|HMO	JVHL		
81373	HLA class I typing low resolution one locus	BCNA|HMO	JVHL		
81374	HLA class I typing, low resolution one antigen equivalent	BCNA|HMO	JVHL		
81375	HLA class II typing low resolution HLA-DRB1/3/4/5 and -DQB1	BCNA|HMO	JVHL		
81376	HLA class II typing low resolution one locus	BCNA|HMO	JVHL		
81377	HLA class II typing low resolution one antigen equivalent	BCNA|HMO	JVHL		
81378	HLA class I and II typing high resolution HLA-A, -B, -C, and -DRB1	BCNA|HMO	JVHL		
81379	HLA Class I typing high resolution	BCNA|HMO	JVHL		
81380	HLA class I typing high resolution one locus	BCNA|HMO	JVHL		
81381	HLA class I typing high resolution one allele or allele group	BCNA|HMO	JVHL		
81382	HLA class II typing high resolution one locus	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81383	HLA class II typing high resolution one allele or allele group	BCNA|HMO	JVHL		
81400	Molecular pathology procedure level 1	BCNA|HMO	JVHL		
81401	Molecular pathology procedure level 2	BCNA|HMO	JVHL		
81402	Molecular pathology procedure level 3	BCNA|HMO	JVHL		
81403	Molecular pathology procedure level 4	BCNA|HMO	JVHL		
81404	Molecular pathology procedure level 5	BCNA|HMO	JVHL		
81405	Molecular pathology procedure level 6 genetic analysis	BCNA|HMO	JVHL		
81406	Molecular pathology procedure level 7	BCNA|HMO	JVHL		
81407	Molecular pathology procedure level 8	BCNA|HMO	JVHL		
81408	Molecular pathology procedure level 9	BCNA|HMO	JVHL		
81410	Test for detecting genes associated with heart disease, genomic sequence analysis panel, at least 9 genes	BCNA|HMO	JVHL		
81411	Test for detecting genes associated with heart disease, duplication/deletion analysis panel	BCNA|HMO	JVHL		
81412	Test for detecting genes for disorders related to Ashkenazi Jews, genomic sequence analysis panel, at least 9 genes	BCNA|HMO	JVHL		
81413	Test for detecting genes associated with heart disease, genomic sequence analysis panel, at least 10 genes	BCNA|HMO	JVHL		
81414	Test for detecting genes associated with heart disease, duplication/deletion analysis panel, at least 2 genes	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81415	Test for detecting exome, sequence analysis	BCNA|HMO	JVHL		
81416	Test for detecting exome, sequence analysis, each comparator exome	BCNA|HMO	JVHL		
81417	Reevaluation test of previously obtained exome sequence	BCNA|HMO	JVHL		
81419	Gene analysis panel for evaluation of genes associated with epilepsy	BCNA|HMO	JVHL		
81422	Test for detecting genes associated with fetal disease, microdeletion(s) genomic sequence analysis	BCNA|HMO	JVHL		
81425	Test for detecting genes associated with disease, genome sequence analysis	BCNA|HMO	JVHL		
81426	Test for detecting genes associated with disease, genome sequence analysis, each additional comparator genome	BCNA|HMO	JVHL		
81427	Reevaluation test of previously obtained genome sequence	BCNA|HMO	JVHL		
81430	Test for detecting genes causing hearing loss genomic sequence analysis panel, at least 60 genes	BCNA|HMO	JVHL		
81431	Test for detecting genes causing hearing loss, duplication/deletion analysis panel	BCNA|HMO	JVHL		
81432	Test for detecting genes associated with inherited breast cancer-related disorders	BCNA|HMO	JVHL		
81434	Gene analysis (retinal disorders), genomic sequence	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81435	Test for detecting genes associated with colon cancer, genomic sequence analysis panel, at least 10 genes	BCNA|HMO	JVHL		
81437	Gene analysis (neuroendocrine tumors), genomic sequence	BCNA|HMO	JVHL		
81439	Test for detecting genes associated with inherited disease of heart muscle	BCNA|HMO	JVHL		
81440	Test for detecting genes	BCNA|HMO	JVHL		
81442	Gene analysis (noonan syndrome) genomic sequence analysis	BCNA|HMO	JVHL		
81443	Genomic sequence analysis panel for severe inherited conditions with sequencing of 15 or more genes	BCNA|HMO	JVHL		
81445	Targeted genomic sequence analysis panel of DNA or combined DNA and RNA of 5-50 genes associated with solid organ neoplasm	BCNA|HMO	JVHL		
81448	Gene analysis panel for hereditary disorders of the peripheral nervous system	BCNA|HMO	JVHL		
81450	Targeted genomic sequence analysis panel of DNA or combine DNA and RNA of 5-50 genes associated with blood and lymphatic system disorders	BCNA|HMO	JVHL		
81455	Targeted genomic sequence analysis panel of DNA or combine DNA and RNA of 51 or greater genes associated with blood and lymphatic system disorders	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	HMO	JVHL		
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	HMO	JVHL		
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	HMO	JVHL		
81460	Test for detecting genes associated with disease, genomic sequence, must include sequence analysis of entire mitochondrial genome	BCNA|HMO	JVHL		
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	HMO	JVHL		
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	HMO	JVHL		
81465	Test for detecting genes associated with disease, whole mitochondrial genome	BCNA|HMO	JVHL		
81470	Test for detecting genes associated with intellectual disability, genomic sequence analysis panel, at least 60 genes	BCNA|HMO	JVHL		
81471	Test for detecting genes associated with intellectual disability, duplication/deletion gene analysis, at least 60 genes	BCNA|HMO	JVHL		
81479	Molecular pathology procedure	BCNA|HMO	JVHL		
81490	Test for detecting genes associated with rheumatoid arthritis using immunoassay technique	BCNA|HMO	JVHL		
81493	Test for detecting genes associated with heart vessels diseases	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81500	Genetic profiling on oncology biopsy of ovarian lesions, assays of two proteins	BCNA|HMO	JVHL		
81503	Genetic profiling on oncology biopsy of ovarian lesions, assays of five proteins	BCNA|HMO	JVHL		
81504	Genetic profiling on oncology biopsy lesions	BCNA|HMO	JVHL		
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, hba1c, insulin, hs-crp, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	BCNA|HMO	JVHL		
81507	DNA analysis using maternal plasma	BCNA|HMO	JVHL		
81508	Fetal congenital abnormalities, biochemical assays of two proteins (papp-a, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	BCNA|HMO	JVHL		
81509	Fetal congenital abnormalities, biochemical assays of three proteins (papp-a, hcg [any form], dia), utilizing maternal serum, algorithm reported as a risk score	BCNA|HMO	JVHL		
81510	Fetal congenital abnormalities, biochemical assays of three analytes (afp, ue3, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81512	Fetal congenital abnormalities, biochemical assays of five analytes (afp, ue3, total hcg, hyperglycosylated hcg, dia) utilizing maternal serum, algorithm reported as a risk score	BCNA|HMO	JVHL		
81513	Measurement of RNA of bacteria in vaginal fluid specimen	BCNA|HMO	JVHL		
81514	Measurement of DNA of bacteria in vaginal fluid specimen	BCNA|HMO	JVHL		
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	BCNA|HMO	JVHL		
81518	mRNA gene analysis of 11 genes in breast tumor tissue	BCNA|HMO	JVHL		
81519	Test for detecting genes associated with breast cancer	BCNA|HMO	JVHL		
81520	Gene analysis of breast tumor tissue, profiling by hybrid capture of 58 genes	BCNA|HMO	JVHL		
81521	Gene analysis of breast tumor tissue, profiling of 70 content genes and 465 housekeeping genes	BCNA|HMO	JVHL		
81522	mRNA gene expression analysis of 12 genes in breast tumor tissue	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81524	ONC CNS TUM DNA MTHYL 10,000	HMO	JVHL		1/1/2026
81525	Gene analysis (colon related cancer)	BCNA|HMO	JVHL		
81529	mRNA gene analysis of 31 genes in skin melanoma tissue specimen	BCNA|HMO	JVHL		
81535	Culture of live tumor cells and chemotherapy drug response by staining, first single drug or drug combination	BCNA|HMO	JVHL		
81536	Culture of live tumor cells and chemotherapy drug response by staining, each additional single drug or drug combination	BCNA|HMO	JVHL		
81538	Testing of lung tumor cells for prediction of survival	BCNA|HMO	JVHL		
81539	Measurement of proteins associated with prostate cancer	BCNA|HMO	JVHL		
81540	Gene analysis (cancer)	BCNA|HMO	JVHL		
81541	Gene analysis of prostate tumor tissue, profiling by real-time RT-PCR of 46 genes	BCNA|HMO	JVHL		
81542	mRNA gene expression analysis of 22 genes in prostate tumor tissue	BCNA|HMO	JVHL		
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
81546	mRNA gene analysis of 10,196 genes in fine needle aspiration thyroid specimen, reported as category result (e.g. benign, suspicious)	BCNA|HMO	JVHL		
81551	Gene analysis of prostate tumor tissue, profiling by real-time PCR of 3 genes	BCNA|HMO	JVHL		
81552	mRNA gene expression analysis of 15 genes in eye melanoma o tissue or fine needle aspirate	BCNA|HMO	JVHL		
81554	mRNA gene analysis of 190 genes associated with lung disease (idiopathic pulmonary fibrosis) in transbronchial biopsy specimen of lung	BCNA|HMO	JVHL		
81595	Test for detecting genes associated with heart diseases	BCNA|HMO	JVHL		
81596	Biochemical assays for evaluation of chronic Hepatitis C virus infection	BCNA|HMO	JVHL		
81599	Multianalyte assay procedure with algorithmic analysis	BCNA|HMO	JVHL		
82166	Anti-mullerian hormone (AMH)	HMO	JVHL		
82233	BETA-AMYLOID 1-40 (ABETA 40)	HMO	JVHL		
82234	BETA-AMYLOID 1-42 (ABETA 42)	HMO	JVHL		
82642	Measurement of dihydrotestosterone	BCNA|HMO	JVHL		
82777	Galectin-3 level	BCNA|HMO	JVHL		
83006	Test for detecting genes associated with growth stimulation	HMO	JVHL		
83695	Lipoprotein (A) level	BCNA|HMO	JVHL		
83698	Lipoprotein-associated phospholipase A2 (enzyme) level	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
83700	Lipoprotein level, electrophoretic separation and quantitation	BCNA|HMO	JVHL		
83701	Lipoprotein measurement	BCNA|HMO	JVHL		
83704	Lipoprotein level, quantitation of lipoprotein particle number(s)	BCNA|HMO	JVHL		
83721	LDL cholesterol level	BCNA|HMO	JVHL		
83722	Measurement of small dense low density lipoprotein cholesterol	BCNA|HMO	JVHL		
83951	ONCOPROTEIN DCP	HMO	JVHL		
83987	pH exhaled breath	BCNA|HMO	JVHL		
84145	Procalcitonin (hormone) level	BCNA|HMO	JVHL		
84393	TAU PHOSPHORYLATED EA	HMO	JVHL		
84394	TOTAL TAU	HMO	JVHL		
84431	THROMBOXANE URINE	HMO	JVHL		
84999	Chemistry procedures	BCNA|HMO	JVHL		
86001	ALLERGEN SPECIFIC IGG	HMO	JVHL		
86005	ALLERGEN SPECIFIC IGE MULTIALLG SCR	BCNA|HMO	JVHL		
86041	Acetylcholine receptor (AChR); binding antibody	HMO	JVHL		
86042	Acetylcholine receptor (AChR); blocking antibody	HMO	JVHL		
86043	Acetylcholine receptor (AChR); modulating antibody	HMO	JVHL		
86152	Cell enumeration using immunologic selection and identification in fluid specimen	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
86153	Cell enumeration using immunologic selection and identification in fluid specimen, physician interpretation and report	BCNA|HMO	JVHL		
86305	HUMAN EPIDIDYMIS PROTEIN 4	HMO	JVHL		
86328	IA NFCT AB SARSCOV2 COVID19	HMO	JVHL		
86352	CELL FUNCTION ASSAY W/STIM	BCNA|HMO	JVHL		
86366	Muscle-specific kinase (MuSK) antibody	HMO	JVHL		
86769	SARS-COV-2 COVID-19 ANTIBODY	HMO	JVHL		
87182	SC STD CARBAPENEMASE NZM DET	HMO	JVHL		1/1/2026
87283	RUBEOLA AG IF	HMO	JVHL		1/1/2026
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed	HMO	JVHL		
87627	JT SPC PTHGN&RX RSIST GEN26+	HMO	Not Covered	See Footnote 10	1/1/2026
87798	Detection test by nucleic acid for organism, amplified probe technique	HMO	JVHL		
88230	Tissue culture to identify white blood cell disorders	BCNA|HMO	JVHL		
88233	Tissue culture to identify skin disorders	BCNA|HMO	JVHL		
88235	Tissue culture for disorders of amniotic fluid or placenta cells	BCNA|HMO	JVHL		
88237	Tissue culture for tumor disorders of bone marrow and blood cells	BCNA|HMO	JVHL		
88239	Tissue culture for tumor disorders	BCNA|HMO	JVHL		
88240	Cryopreservation, freezing and storage of cells	BCNA|HMO	JVHL		
88241	Thawing and expansion of frozen cells	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
88245	Chromosome analysis for genetic defects, baseline Sister Chromatid Exchange (SCE), 20-25 cells	BCNA|HMO	JVHL		
88248	Chromosome analysis for genetic defects, baseline breakage, score 50-100 cells, count 20 cells	BCNA|HMO	JVHL		
88249	Chromosome analysis for genetic defects, score 100 cells, clastogen stress	BCNA|HMO	JVHL		
88261	Chromosome analysis for genetic defects, count 5 cells	BCNA|HMO	JVHL		
88262	Chromosome analysis for genetic defects, count 15-20 cells	BCNA|HMO	JVHL		
88263	Chromosome analysis for genetic defects, count 45 cells for mosaicism	BCNA|HMO	JVHL		
88264	Chromosome analysis for genetic defects, analyze 20-25 cells	BCNA|HMO	JVHL		
88267	Chromosome analysis of amniotic fluid or placenta for genetic defects	BCNA|HMO	JVHL		
88269	Chromosome analysis of amniotic fluid for genetic defects	BCNA|HMO	JVHL		
88271	DNA testing for genetic defects	BCNA|HMO	JVHL		
88272	Chromosome analysis for genetic defects, analyze 3-5 cells	BCNA|HMO	JVHL		
88273	Chromosome analysis for genetic defects, analyze 10-30 cells	BCNA|HMO	JVHL		
88274	Chromosome analysis for genetic defects, analyze 25-99 cells	BCNA|HMO	JVHL		
88275	Chromosome analysis for genetic defects, analyze 100-300 cells	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
88280	Chromosome analysis for genetic defects, additional karyotypes, each study	BCNA|HMO	JVHL		
88283	Chromosome analysis for genetic defects, additional specialized banding technique	BCNA|HMO	JVHL		
88285	Chromosome analysis for genetic defects, additional cells counted, each study	BCNA|HMO	JVHL		
88289	Chromosome analysis for genetic defects, additional high resolution study	BCNA|HMO	JVHL		
88291	Interpretation and report of genetic testing	BCNA|HMO	JVHL		
88299	Genetic studies	BCNA|HMO	JVHL		
88375	OPTICAL ENDOMICROSCPY INTERP	HMO	JVHL		
88377	Microscopic genetic analysis of tissue, manual, each additional multiplex stain procedure	BCNA|HMO	JVHL		
88738	HGB QUANT TRANSCUTANEOUS	HMO	JVHL		
89049	CHCT FOR MAL HYPERTHERMIA	BCNA|HMO	JVHL		
89240	Pathology tests	BCNA|HMO	JVHL		
89250	Culture of eggs or embryos, less than 4 days	BCNA|HMO	JVHL		
89251	Culture of eggs or embryos, less than 4 days, with co-culture of eggs or embryos	BCNA|HMO	JVHL		
89253	Assisted embryo hatching (fertility procedure)	BCNA|HMO	JVHL		
89254	Egg identification from ovarian fluid	BCNA|HMO	JVHL		
89255	Preparation of embryo for transfer	BCNA|HMO	JVHL		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
89257	Sperm identification from aspiration	BCNA|HMO	JVHL		
89258	Frozen preservation of embryos	BCNA|HMO	JVHL		
89259	Frozen preservation of sperm	BCNA|HMO	JVHL		
89264	Sperm identification from testis tissue	BCNA|HMO	JVHL		
89268	Fertilizing of eggs	BCNA|HMO	JVHL		
89272	Extended culture of eggs or embryos, 4-7 days	BCNA|HMO	JVHL		
89280	Assisted oocyte fertilization (fertility procedure), less than or equal to 10 oocytes	BCNA|HMO	JVHL		
89281	Assisted oocyte fertilization (fertility procedure), greater than 10 oocytes	BCNA|HMO	JVHL		
89290	Biopsy of egg or embryo for pre-implantation genetic diagnosis, less than or equal to 5 embryos	BCNA|HMO	JVHL		
89291	Biopsy of egg or embryo for pre-implantation genetic diagnosis, greater than 5 embryos	BCNA|HMO	JVHL		
89322	Semen evaluation, volume, sperm count, motility, and analysis	BCNA	JVHL		
89342	Storage of embryos, per year	BCNA|HMO	JVHL		
89343	Storage of sperm or semen per year	BCNA|HMO	JVHL		
89352	Thawing of frozen embryos	BCNA|HMO	JVHL		
89353	Thawing of frozen sperm or semen	BCNA|HMO	JVHL		
90283	HUMAN IG IV (CPT, 90283)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
90284	HUMAN IG SC (CPT, 90284)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
90482	IMM CNSL NOT ADMN SM 3<10	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
90483	IMM CNSL NOT ADMN SM>10<20	HMO	Not Covered	See Footnote 10	1/1/2026
90484	IMM CNSL NOT ADMN SM>20	HMO	Not Covered	See Footnote 10	1/1/2026
90867	TCRANIAL MAGN STIM TX PLAN	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
90868	TCRANIAL MAGN STIM TX DELI	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
90869	TCRAN MAGN STIM REDETEMINE	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
91111	Imaging of esophagus done from the inside of the esophagus	BCNA|HMO	e-referral		
91112	Measurement of complex stomach and bowel motor function	BCNA|HMO	e-referral		
91113	Imaging of colon using capsule endoscope, with interpretation and report	HMO	e-referral		
91132	Recording and interpretation of stomach electrical activity	BCNA|HMO	e-referral		
91133	Recording and interpretation of stomach electrical activity with drug administration	BCNA|HMO	e-referral		
91299	Other diagnostic procedure for gastrointestine	BCNA|HMO	e-referral		
92065	Eye training exercise performed by health care professional	BCNA|HMO	e-referral		
92066	Eye training exercise under supervision of health care professional	BCNA|HMO	e-referral		
92132	Imaging of front third of eye	BCNA|HMO	e-referral		
92145	Measurement of corneal pressure	BCNA|HMO	e-referral		
92288	SCR DARK ADAPTATION MEAS I&R	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
92499	Other service or procedure on eye	BCNA|HMO	e-referral		
92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting	BCNA|HMO	eviCore	See Footnote 19	
92518	VEMP testing of upper branch of inner ear nerve with interpretation and report	BCNA|HMO	e-referral		
92521	Evaluation of speech continuity, smoothness, rate, and effort	BCNA|HMO	eviCore	See Footnote 19	
92522	Evaluation of speech sound production	BCNA|HMO	eviCore	See Footnote 19	
92523	Evaluation of speech sound production with evaluation of language comprehension and expression	BCNA|HMO	eviCore	See Footnote 19	
92524	Analysis of voice and resonance production	BCNA|HMO	eviCore	See Footnote 19	
92548	Test for balance and posture	BCNA|HMO	e-referral		
92549	Test for balance and posture with motor control and adaption test	BCNA|HMO	e-referral		
92628	EVAL HEARING AID CAND 1ST 30	HMO	Not Covered	See Footnote 10	1/1/2026
92629	EVAL HEARING AID CAND EA ADD	HMO	Not Covered	See Footnote 10	1/1/2026
92631	HEARING AID SLCTN SVC 1ST 30	HMO	Not Covered	See Footnote 10	1/1/2026
92632	HEARING AID SLCTN SVC EA ADD	HMO	Not Covered	See Footnote 10	1/1/2026
92634	HEARING AID FITG SVC 1ST 60	HMO	Not Covered	See Footnote 10	1/1/2026
92635	HEARING AID FITG SVC EA ADDL	HMO	Not Covered	See Footnote 10	1/1/2026
92636	HEARING AID POST-FITG F-UP 1	HMO	Not Covered	See Footnote 10	1/1/2026
92637	HEARING AID PST-FITG F-UP EA	HMO	Not Covered	See Footnote 10	1/1/2026
92638	BHVL VERIF OF AMPLIFICATION	HMO	Not Covered	See Footnote 10	1/1/2026
92639	HEARING AID MEAS VERIF	HMO	Not Covered	See Footnote 10	1/1/2026
92641	HEARING DEV VERIF EACOUS ALY	HMO	Not Covered	See Footnote 10	1/1/2026
92642	HEARING ASSTV DEV FITG SVC	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
92700	Other procedure on ear, nose, or throat	BCNA|HMO	e-referral		
92920	Balloon dilation of single coronary artery or branch	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 26	
92924	Removal of plaque with balloon dilation of single coronary artery or branch	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 26	
92928	Insertion of stents with balloon dilation of coronary artery or branch, single artery or branch	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 26	
92933	Removal of plaque, insertion of stent and balloon dilation of single coronary artery or branch	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 26	
92937	Removal of plaque, insertion of stent and/or balloon dilation of single coronary vessel with distal protection	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 26	
92943	Removal of plaque, insertion of stent and/or balloon dilation of single coronary artery, branch or bypass graft	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 26	
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
93050	Analysis of central arterial pressure with review by physician	HMO	e-referral		
93145	INTERROG CRTD SINS BAT IP WO	HMO	e-referral		1/1/2026
93146	INTERROG CRTD SINS BAT IP W/ (	HMO	e-referral		1/1/2026
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	HMO	e-referral		
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	HMO	e-referral		
93153	Interrogation without programming of implanted phrenic nerve stimulator system	HMO	e-referral		
93264	Remote monitoring of pulmonary artery pressure sensor, up to 30 days	BCNA|HMO	e-referral		
93303	Ultrasound of heart for congenital defect	BCNA|MAPPO|HMO|PPO*	Carelon		
93304	Ultrasound of heart for congenital defect, follow-up	BCNA|MAPPO|HMO|PPO*	Carelon		
93306	Ultrasound of heart with color-depicted blood flow, rate, direction and valve function	BCNA|MAPPO|HMO|PPO*	Carelon		
93307	Ultrasound of heart	BCNA|MAPPO|HMO|PPO*	Carelon		
93308	Ultrasound of heart, follow-up	BCNA|MAPPO|HMO|PPO*	Carelon		
93312	Ultrasound of heart with probe in esophagus, with report	BCNA|MAPPO|HMO|PPO*	Carelon		
93313	Insertion of probe in esophagus for heart ultrasound	BCNA|MAPPO|HMO|PPO*	Carelon		
93314	Interpretation and report of ultrasound of heart	BCNA|MAPPO|HMO|PPO*	Carelon		
93315	Ultrasound of heart with probe in esophagus for congenital defect, with report	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
93316	Insertion of probe in esophagus for congenital heart ultrasound	BCNA|MAPPO|HMO|PPO*	Carelon		
93317	Interpretation and report of congenital heart ultrasound	BCNA|MAPPO|HMO|PPO*	Carelon		
93350	Ultrasound of heart during rest, exercise and/or drug-induced stress with report	BCNA|MAPPO|HMO|PPO*	Carelon		
93351	Ultrasound of heart with continuous electrocardiogram (ECG) during rest, exercise and/or drug induced stress with review and report	BCNA|MAPPO|HMO|PPO*	Carelon		
93454	Insertion of tube in coronary artery for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93455	Insertion of tube in bypass graft for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93456	Insertion of tube in right heart chambers and coronary artery for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93457	Insertion of tube in right heart chambers, coronary artery, and bypass graft for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93458	Insertion of tube in left lower heart chamber and coronary artery for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93459	Insertion of tube in left lower heart chamber, coronary artery and bypass graft for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
93460	Insertion of tube in right and left heart chambers and coronary artery for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93461	Insertion of tube in right and left heart chambers, coronary artery, and bypass graft for diagnosis with review by radiologist	BCNA|MAPPO|HMO|PPO*	Carelon		
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	BCNA|HMO	e-referral		
93701	Measurement of heart blood flow and respiration	BCNA|HMO	e-referral		
93702	Measurement of lymphedema extracellular fluid	BCNA|HMO	e-referral		
93740	Measurement of heart blood vessel function at various temperatures	BCNA|HMO	e-referral		
93797	Outpatient heart rehabilitation, qualified health care professional services	BCNA|HMO	e-referral		
93798	Outpatient heart rehabilitation with electrocardiogram (ECG) monitoring, quality health care professional services	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
93799	Other cardiovascular service or procedure	BCNA|HMO	e-referral		
93862	Non-Invasive Cerebrovascular Arterial Studies	BCNA|MAPPO|HMO	Carelon		
93880	Ultrasound of both sides of head and neck blood flow	BCNA|MAPPO|HMO|PPO*	Carelon		
93882	Ultrasound of one side of head and neck blood flow	BCNA|MAPPO|HMO|PPO*	Carelon		
93895	Evaluation of neck artery thickness, both sides	BCNA|HMO	e-referral		
93922	Ultrasound study of arm and leg arteries	BCNA|MAPPO|HMO|PPO*	Carelon		
93923	Complete ultrasound study of arm and leg arteries	BCNA|MAPPO|HMO|PPO*	Carelon		
93924	Ultrasound of leg arteries at rest and after exercise	BCNA|MAPPO|HMO|PPO*	Carelon		
93925	Ultrasound of leg arteries or artery grafts	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 27	
93926	Ultrasound of one leg arteries or artery grafts	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 27	
93930	Ultrasound of arm arteries or artery grafts	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 27	
93931	Ultrasound of one arm arteries or artery grafts	BCNA|MAPPO|HMO|PPO*	Carelon	See Footnote 27	
93978	Complete ultrasound of aorta, vena cava, groin vessels or bypass grafts	BCNA|MAPPO|HMO|PPO*	Carelon		
93979	Ultrasound of aorta, vena cava, groin vessels or bypass grafts	BCNA|MAPPO|HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
93998	Other noninvasive vascular diagnostic study	BCNA|HMO	e-referral		
94011	Test to measure expiratory airflow and volume (2 years or younger)	BCNA|HMO	e-referral		
94012	Test to measure expiratory airflow and volume before and after medication administration (2 years or younger)	BCNA|HMO	e-referral		
94013	Test to measure remaining air or lung capacity after exhalation (2 years or younger)	BCNA|HMO	e-referral		
94014	Test to measure expiratory airflow and volume initiated by patient including transmission of tracing, analysis, recalibration of device, and evaluation by provider	BCNA|HMO	e-referral		
94015	Test to measure expiratory airflow and volume initiated by patient including transmission of tracing, analysis, recalibration of device	BCNA|HMO	e-referral		
94016	Test to measure expiratory airflow and volume initiated by patient and evaluated by provider	BCNA|HMO	e-referral		
94799	Other service or procedure on lung	BCNA|HMO	e-referral		
95199	Other allergy or clinical immunology service or procedure	BCNA|HMO	e-referral		
95803	Sleep study and wake patterns, 3-14 days with report	BCNA|HMO	e-referral		
95805	Sleep study, multiple trials	HMO|PPO*|FEP-PPO*	e-referral		11/3/2025
95805	Sleep study, multiple trials	PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
95807	Sleep study including heart rate and breathing attended by technician	HMO|PPO*|FEP-PPO*	e-referral		11/3/2025
95807	Sleep study including heart rate and breathing attended by technician	PPO*	Carelon		
95808	Sleep study in sleep lab	HMO|PPO*|FEP-PPO*	e-referral		11/3/2025
95808	Sleep study in sleep lab	PPO*	Carelon		
95810	Sleep study in sleep lab	HMO|PPO*|FEP-PPO*	e-referral		11/3/2025
95810	Sleep study in sleep lab	PPO*	Carelon		
95811	Sleep study in sleep lab with continuous airway pressure	HMO|PPO*|FEP-PPO*	e-referral		11/3/2025
95811	Sleep study in sleep lab with continuous airway pressure	PPO*	Carelon		
95905	Nerve conduction study of arm or leg movement and/or feeling with review and report	BCNA|HMO	e-referral		
95919	Measurement of pupil with healthcare professional interpretation and report	BCNA|HMO	e-referral		
95980	Electronic analysis of implanted gastric neurostimulator generator during surgery with programming	BCNA|MAPPO|HMO	e-referral		
95981	Electronic analysis of implanted gastric neurostimulator generator	BCNA|MAPPO|HMO	e-referral		
95982	Electronic analysis of implanted gastric neurostimulator generator with programming	BCNA|MAPPO|HMO	e-referral		
95999	Other diagnostic neurological or neuromuscular procedure	BCNA|MAPPO|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
96125	Treatment of speech, language, voice, communication, and/or hearing processing disorder	BCNA|HMO	eviCore		
96127	Assessment of emotional or behavioral problems	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
96379	Injection or infusion into a vein or artery for therapy, prevention, or diagnosis	BCNA|HMO	e-referral		
96549	Other chemotherapy procedure	BCNA|HMO	e-referral		
96904	Photograph of entire body	BCNA|HMO	e-referral		
96999	Other special service or procedure on skin	BCNA|HMO	e-referral		
97007	MCHNL SCLP COOL MEAS FITG	HMO	e-referral		1/1/2026
97008	MCHNL SCLP COOL PREP PLMT	HMO	e-referral		1/1/2026
97009	MCHNL SCLP COOL AFTER CHEMO	HMO	e-referral		1/1/2026
97010	Application of hot or cold packs	BCNA|HMO	eviCore		
97012	Application of mechanical traction	BCNA|HMO	eviCore	See Footnote 21	
97014	Application of electrical stimulation	BCNA|HMO	eviCore	See Footnote 21	
97016	Application of blood vessel compression device	BCNA|HMO	eviCore		
97018	Application of hot wax bath	BCNA|HMO	eviCore	See Footnote 21	
97022	Application of whirlpool therapy	BCNA|HMO	eviCore	See Footnote 21	
97024	Application of heat wave therapy	BCNA|HMO	eviCore	See Footnote 21	
97026	Application of low energy heat	BCNA|HMO	eviCore	See Footnote 21	
97028	Application of ultraviolet light	BCNA|HMO	eviCore	See Footnote 21	
97032	Application of electrical stimulation with therapist present, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97033	Application of medication using electrical current, each 15 minutes	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97034	Application of hot and cold baths, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97035	Application of ultrasound, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97036	Application of water therapy using a special tank, each 15 minutes	BCNA|HMO	eviCore	See Footnote 17	
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	BCNA|HMO	e-referral		
97039	Other physical medicine service or procedure	BCNA|HMO	eviCore		
97110	Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97112	Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97113	Therapy procedure using water pool to exercises, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97116	Therapy procedure for walking training, each 15 minutes	BCNA|HMO	eviCore	See Footnote 17 and 21	
97124	Therapy procedure using massage, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97129	Therapy procedure for a range of mental processes, initial 15 minutes	BCNA|HMO	eviCore	See Footnote 11 and 18	
97130	Therapy procedure for a range of mental processes, each additional 15 minutes	BCNA|HMO	eviCore	See Footnote 18	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97139	Other therapeutic procedure	BCNA|HMO	eviCore		
97140	Therapy procedure using manual technique, each 15 minutes	BCNA|HMO	eviCore	See Footnote 21	
97151	Behavior identification assessment by professional, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97152	Behavior identification assessment by technician, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97153	Adaptive behavior treatment by technician using an established plan, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97154	Adaptive behavior treatment by technician with multiple patients using an established plan, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97155	Adaptive behavior treatment by professional using an established plan, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97156	FAM ADAPT BHV TX GDN PHY/QHP	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97157	Adaptive behavior treatment by professional with multiple family group members using an established plan, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
97158	Adaptive behavior treatment by professional with group using an established plan, each 15 minutes	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	BCNA|HMO	eviCore		
97164	Re-evaluation for physical therapy, typically 20 minutes	BCNA|HMO	eviCore	See Footnote 17	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97168	Re-evaluation for occupational therapy, typically 30 minutes	BCNA|HMO	eviCore	See Footnote 18	
97169	ATHLETIC TRN EVAL LOW CMPLX	BCNA|HMO	eviCore		
97170	ATHLETIC TRN EVAL MOD CMPLX	BCNA|HMO	eviCore		
97171	ATHLETIC TRN EVAL HIGH CMPLX	BCNA|HMO	eviCore		
97172	ATHLETIC TRN RE-EVAL PLAN CR	BCNA|HMO	eviCore		
97530	Therapy procedure using functional activities	BCNA|HMO	eviCore		
97533	Therapy procedure using sensory experiences	BCNA|HMO	eviCore	See Footnote 20	
97535	Training for self-care or home management, each 15 minutes	BCNA|HMO	eviCore		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	BCNA|HMO	eviCore		
97542	Evaluation for wheelchair, each 15 minutes	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	BCNA|HMO	eviCore		
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	BCNA|HMO	eviCore		
97610	Therapy procedure using ultrasound	BCNA|HMO	e-referral		
97750	Test or measurement for functional capacity, each 15 minutes	BCNA|HMO	eviCore		
97755	Evaluation for assistive technology, each 15 minutes	BCNA|HMO	eviCore		
97760	Training in the use of orthopedic device for arm, leg and/or trunk, each 15 minutes	BCNA|HMO	eviCore		
97761	Training in the use of artificial arm and/or leg, each 15 minutes	BCNA|HMO	eviCore		
97763	Follow-up training in the use of orthopedic device or artificial arm, leg and/or trunk, each 15 minutes	BCNA|HMO	eviCore		
97799	Other physical medicine or rehabilitation service or procedure	BCNA|HMO	eviCore		
97810	Acupuncture, initial 15 minutes	BCNA	e-referral		
97810	Acupuncture, initial 15 minutes	HMO	e-referral	See Footnote 7	
97811	Acupuncture, w/o stimul, addl 15 minutes	BCNA	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
97811	Acupuncture, w/o stimul, addl 15 minutes	HMO	e-referral	See Footnote 7	
97813	Acupuncture with electrical stimulation, initial 15 minutes	BCNA	e-referral		
97813	Acupuncture with electrical stimulation, initial 15 minutes	HMO	e-referral	See Footnote 7	
98979	RTM TX MGMT 1ST 10 MIN	HMO	e-referral		1/1/2026
98984	RTM DEV SPLY RESP SYS 2-15 D	HMO	e-referral		1/1/2026
98985	RTM DEV SPLY MSCSK SYS 2-15D	HMO	e-referral		1/1/2026
98986	RTM DEV SPLY CBT 2-15 D	HMO	e-referral		1/1/2026
99183	Management of oxygen chamber therapy	BCNA|HMO	e-referral		
99199	Other special service, procedure, or report	BCNA|HMO	e-referral		
99221	Initial hospital care with straightforward or low level of medical decision making, per day, if using time, at least 40 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99222	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99223	Initial hospital care with moderate level of medical decision making, if using time, at least 75 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
99232	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99233	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99234	Initial hospital care with same-day admission and discharge with straightforward or low level of medical decision making, per day, if using time, at least 45 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99235	Initial hospital care with same-day admission and discharge with moderate level of medical decision making, per day, if using time, at least 70 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99236	Initial hospital care with same-day admission and discharge with high level of medical decision making, per day, if using time, at least 85 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99238	Hospital discharge day management, 30 minutes or less	BCNA|MAPPO|HMO|PPO*	e-referral		
99239	Hospital discharge day management, more than 30 minutes	BCNA|MAPPO|HMO|PPO*	e-referral		
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	BCNA|MAPPO	Tango		3/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
99424	Principal care management services for a single high-risk disease, first 30 minutes provided personally by qualified health care professional, per calendar month.	MAPPO|HMO	Not Covered	See Footnote 10	
99425	PRIN CARE MGMT PHYS EA ADDL	HMO	Not Covered	See Footnote 10	
99426	Principal care management services for a single high-risk disease, first 30 minutes of clinical staff time directed by health care professional, per calendar month	MAPPO|HMO	Not Covered	See Footnote 10	
99427	PRIN CARE MGMT STAFF EA ADDL	HMO	Not Covered	See Footnote 10	
99429	Unlisted preventive medicine service	BCNA|HMO	e-referral		
99437	CHRNC CARE MGMT PHYS EA ADDL	HMO	Not Covered	See Footnote 10	
99439	CHRNC CARE MGMT STAF EA ADDL	HMO	Not Covered	See Footnote 10	
99445	REM MNTR PHYSIOL PARAM 2-15	HMO	e-referral		1/1/2026
99470	RPM TX MGMT 1ST 10 MIN	HMO	e-referral		1/1/2026
99490	CHRNC CARE MGMT STAFF 1ST 20	HMO	Not Covered	See Footnote 10	
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	HMO	e-referral		
99600	Unlisted home visit service or procedure	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A0080	Non-Emergency transportation:, per mile-vehicle provided by volunteer (individual or organizati -	HMO	e-referral		
A0080	Non-Emergency transportation:, per mile-vehicle provided by volunteer (individual or organizati -	BCNA	Not Covered		
A0090	Non-Emergency transportation:, per mile-vehicle provided by volunteer, interested individual	HMO	e-referral		
A0090	Non-Emergency transportation:, per mile-vehicle provided by volunteer, interested individual	BCNA	Not Covered		
A0100	Non - Emergency transportation; : taxi - intracity	HMO	e-referral		
A0100	Non - Emergency transportation; : taxi - intracity	BCNA	Not Covered		
A0110	Non-Emergency Transportation and Bus, Intraor Inter State Carrier	HMO	e-referral		
A0110	Non-Emergency Transportation and Bus, Intraor Inter State Carrier	BCNA	Not Covered		
A0120	Non - Emergency transportation: mini-bus, mountain area transports, or other non profit transportation systems	HMO	e-referral		
A0120	Non - Emergency transportation: mini-bus, mountain area transports, or other non profit transportation systems	BCNA	Not Covered		
A0130	Non-Emergency Transportation: Wheel-Chair Van	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A0130	Non-Emergency Transportation: Wheel-Chair Van	BCNA	Not Covered		
A0160	Non-Emergency Transportation: Per Mile - Case Workeror Social Worker	HMO	e-referral		
A0160	Non-Emergency Transportation: Per Mile - Case Workeror Social Worker	BCNA	Not Covered		
A0170	Transportation ancillary: parking fees, tolls, other	HMO	e-referral		
A0170	Transportation ancillary: parking fees, tolls, other	BCNA	Not Covered		
A0430	Fixed Wing Air Transport	HMO|PPO*	Alacura	See Footnote 15	
A0431	Rotary Wing Air Transport	HMO|PPO*	Alacura	See Footnote 15	
A0435	Fixed Wing Air Mileage	HMO|PPO*	Alacura	See Footnote 15	
A0436	Rotary Wing Air Mileage	HMO|PPO*	Alacura	See Footnote 15	
A0888	Noncovered Ambulance Mileage, Per Mile (E.G., for Miles Traveled Beyon	BCNA|HMO	Not Covered	See Footnote 10	
A2001	Innovamatrix ac, per square centimeter	HMO	e-referral		
A2001	Innovamatrix ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2002	Mirragen advanced wound matrix, per square centimeter	HMO	e-referral		
A2002	Mirragen advanced wound matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2004	Xcellistem, per square centimeter	HMO	e-referral		
A2004	Xcellistem, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2005	Microlyte matrix, per square centimeter	HMO	e-referral		
A2005	Microlyte matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2006	Novosorb synpath dermal matrix, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A2006	Novosorb synpath dermal matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2007	Restrata, per square centimeter	HMO	e-referral		
A2007	Restrata, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2008	Theragenesis, per square centimeter	HMO	e-referral		
A2008	Theragenesis, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2009	Symphony, per square centimeter	HMO	e-referral		
A2009	Symphony, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2010	Apis, per square centimeter	HMO	e-referral		
A2010	Apis, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2011	Supra sdrm, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2012	Suprathel, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2013	Innovamatrix fs, per square centimeter	HMO	e-referral		
A2013	Innovamatrix fs, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2014	Omeza collagen matrix or omeza complete matrix, per 100 mg	BCNA	Not Covered	See Footnote 10	
A2015	Phoenix wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2016	Permeaderm b, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2017	Permeaderm glove, each	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A2018	Permeaderm c, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2019	Kerecis omega3 marigen shield, per square centimeter	BCNA|HMO	e-referral		
A2020	Ac5 advanced wound system (ac5)	HMO	e-referral		
A2020	Ac5 advanced wound system (ac5)	BCNA	Not Covered	See Footnote 10	
A2021	Neomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2022	Innovaburn or innovamatrix xl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2023	Innovamatrix pd, 1 mg	BCNA	Not Covered	See Footnote 10	
A2024	Resolve matrix, per square centimeter	HMO	e-referral		
A2024	Resolve matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2025	Miro3d, per cubic centimeter	HMO	e-referral		
A2025	Miro3d, per cubic centimeter	BCNA	Not Covered	See Footnote 10	
A2026	Restrata minimatrix, 5 mg	HMO	e-referral		
A2027	Matriderm, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2028	Micromatrix flex, per mg	BCNA	Not Covered	See Footnote 10	
A2029	Mirotract wound matrix sheet, per cubic centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
A2030	Miro3d fibers, per milligram	HMO	e-referral		
A2030	Miro3d fibers, per milligram	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A2031	Mirodry wound matrix, per square centimeter	HMO	e-referral		
A2031	Mirodry wound matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2032	Myriad matrix, per square centimeter	HMO	e-referral		
A2032	Myriad matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2033	Myriad morcells, 4 milligrams	HMO	e-referral		
A2033	Myriad morcells, 4 milligrams	BCNA	Not Covered	See Footnote 10	
A2034	Foundation drs solo, per square centimeter	HMO	e-referral		
A2034	Foundation drs solo, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2035	Corplex p or theracor p or allacor p, per milligram	HMO	e-referral		
A2035	Corplex p or theracor p or allacor p, per milligram	BCNA	Not Covered	See Footnote 10	
A2036	Cohealyx collagen dermal matrix, per square centimeter	HMO	e-referral		
A2036	Cohealyx collagen dermal matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2037	G4derm plus, per milliliter	HMO	e-referral		
A2037	G4derm plus, per milliliter	BCNA	Not Covered	See Footnote 10	
A2038	Marigen pacto, per square centimeter	HMO	e-referral		
A2038	Marigen pacto, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2039	Innovamatrix fd, per square centimeter	HMO	e-referral		
A2039	Innovamatrix fd, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2040	Microlyte painguard, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A2041	Foundation drs+ duo, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2042	Foundation drs+ solo, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2043	Biobrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
A2044	Biobrane glove, each	BCNA	Not Covered	See Footnote 10	
A2045	Novashield or novogen wound matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
A4100	Skin substitute, fda cleared as a device, not otherwise specified	HMO	e-referral		
A4100	Skin substitute, fda cleared as a device, not otherwise specified	BCNA	Not Covered	See Footnote 10	
A4210	NEEDLE-FREE INJECTION DEVICE EACH	PPO*	Northwood		
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	PPO*	Northwood		
A4212	NONCORING NEEDLE OR STYLET W/WO CATHETER	PPO*	Northwood		
A4213	SYRINGE STERILE 20 CC OR GREATER EACH	PPO*	Northwood		
A4216	STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML	BCNA|MAPPO|HMO|PPO*	Northwood		
A4217	STERILE WATER/SALINE 500 ML	BCNA|MAPPO|HMO|PPO*	Northwood		
A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP W/ DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	BCNA|MAPPO|HMO|PPO*	Northwood		
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	BCNA|MAPPO|HMO|PPO*	Northwood		
A4244	ALCOHOL OR PEROXIDE PER PINT	PPO*	Northwood		
A4245	ALCOHOL WIPES PER BOX	BCNA|MAPPO|HMO|PPO*	Northwood		
A4247	BETADINE OR IODINE SWABS/WIPES PER BOX	BCNA|MAPPO|HMO|PPO*	Northwood		
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML	BCNA|MAPPO|HMO|PPO*	Northwood		
A4255	PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX	PPO*	Northwood		
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC	PPO*	Northwood	See Footnote 10	
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC	BCNA|HMO	Not Covered	See Footnote 10	
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
A4288	Valve for breast pump, replacement	BCNA|MAPPO|HMO|PPO*	Northwood		
A4318	Female external urinary collection cup, with or without ring attachment, per day	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A4337	INCONTINENCE SUPPLY RECTAL INSERT ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A4450	TAPE NON-WATERPROOF PER 18 SQUARE INCHES	BCNA|MAPPO|HMO|PPO*	Northwood		
A4452	TAPE WATERPROOF PER 18 SQUARE INCHES	BCNA|MAPPO|HMO|PPO*	Northwood		
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement onl	BCNA|MAPPO|HMO|PPO*	Northwood		
A4455	ADHESIVE REMOVER OR SOLVENT PER OUNCE	BCNA|MAPPO|HMO|PPO*	Northwood		
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A4459	MANUAL PUMP-OPERATED ENEMA SYS REUSABLE ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
A4467	BELT STRAP SLEEVE GARMENT OR COVERING ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
A4479	Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2026
A4483	MOISTR EXCHGR DISPBL USE W/INVASV MECH VENT	BCNA|MAPPO|HMO|PPO*	Northwood		
A4500	SURGICAL STOCKING BELOW KNEE LENGTH EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A4520	INCONTINENCE GARMENT ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	HMO	e-referral		
A4541	Monthly supplies for use of device coded at e0733	HMO	e-referral		
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	HMO	e-referral		
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	HMO	e-referral		10/1/2024
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	HMO	e-referral		10/1/2024
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	HMO	Not Covered	See Footnote 10	
A4554	DISPOSABLE UNDERPADS ALL SIZES	BCNA|MAPPO|HMO|PPO*	Northwood		
A4556	ELECTRODES PER PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
A4557	LEAD WIRES PER PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
A4558	CONDUCTIVE GEL/PASTE FOR USE W/ELECTRICAL DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	BCNA|MAPPO|HMO|PPO*	Northwood		
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A4564	Pessary, disposable, any type	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
A4565	SLINGS	BCNA|MAPPO|HMO|PPO*	Northwood		
A4566	SHOULDER SLING/VEST ABDUCTION RESTRAINER PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	HMO	e-referral		4/1/2024
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each	HMO	e-referral		4/1/2024
A4595	ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH	BCNA|MAPPO|HMO|PPO*	Northwood		
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	BCNA|HMO	Not Covered	See Footnote 10	
A4600	SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A4604	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
A4605	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A4606	OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT	BCNA|MAPPO|HMO|PPO*	Northwood		
A4614	PEAK EXPIRATORY FLOW RATE METER HAND HELD	BCNA|MAPPO|HMO|PPO*	Northwood		
A4616	TUBING PER FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
A4618	BREATHING CIRCUITS	BCNA|MAPPO|HMO|PPO*	Northwood		
A4623	TRACHEOSTOMY INNER CANNULA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A4624	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A4627	SPACR BAG/RESRVOR W/WO MASK W/METRD DOSE INHAL	BCNA|MAPPO|HMO|PPO*	Northwood		
A4628	Oral and/or oropharyngeal suction catheter, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A4629	TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY	BCNA|MAPPO|HMO|PPO*	Northwood		
A4633	REPLCMT BULB/LAMP ULTRAVIOLET LIGHT TX SYSTEM EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	BCNA|HMO	e-referral		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	BCNA|MAPPO|HMO|PPO*	Northwood		
A4660	SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE	BCNA|MAPPO|HMO|PPO*	Northwood		
A4663	BLOOD PRESSURE CUFF ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	BCNA|MAPPO|HMO|PPO*	Northwood		
A4927	GLOVES NON-STERILE PER 100	BCNA|MAPPO|HMO|PPO*	Northwood		
A4930	GLOVES STERILE PER PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
A5500	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT	BCNA|MAPPO|HMO|PPO*	Northwood		
A5501	DIAB ONLY FIT CSTM PREP&SPL SHOE MOLD PTS FT	BCNA|MAPPO|HMO|PPO*	Northwood		
A5503	DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
A5504	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A5505	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE	BCNA|MAPPO|HMO|PPO*	Northwood		
A5506	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL	BCNA|MAPPO|HMO|PPO*	Northwood		
A5507	DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE	BCNA|MAPPO|HMO|PPO*	Northwood		
A5508	DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE	BCNA|MAPPO|HMO|PPO*	Northwood		
A5510	DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT	BCNA|MAPPO|HMO|PPO*	Northwood		
A5512	FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A5513	For diabetics only, multiple density insert, custo	BCNA|MAPPO|HMO|PPO*	Northwood		
A5514	For diabetics only, multiple density insert, made	BCNA|MAPPO|HMO|PPO*	Northwood		
A6010	COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G	BCNA|MAPPO|HMO|PPO*	Northwood		
A6021	COLLAGEN DRESSING STERILE SIZE 16 SQ IN/LESS EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6022	COLL DRSG STERL PAD SIZE>16 SQ IN BUT/=48 SQ EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6196	ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ/<	BCNA|MAPPO|HMO|PPO*	Northwood		
A6197	ALGINATE/OTH FIBER GELL DRESS PAD >16</=48 SQ EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6198	ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6199	ALGINATE/OTH FIBER GEL DRESS WND FIL STERL 6 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
A6204	COMPOS DRESS >16SQ BUT </=48 SQ W/ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6206	CONTACT LAYER STERL 16 SQ IN/LESS EA DRESSING	BCNA|MAPPO|HMO|PPO*	Northwood		
A6207	CNTC LAYER > 16 SQ BUT </EQUAL 48 SQ EA DRESSING	BCNA|MAPPO|HMO|PPO*	Northwood		
A6209	FOAM DRESS STERL PAD 16 SQ/< NO ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6210	FOAM DRESS > 16 BUT </= 48 SQ W/O ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6211	FOAM DRESS STERL PAD >48 SQ NO ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6212	FOAM DRESS STERL PAD SZ 16 SQ/> W/ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6213	FOAM DRESS >16 SQ BUT </= 48 SQ W/ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/< W/O ADHES EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6217	GAUZE NON-IMPREG NONSTERL >16 </=48 SQ W/O ADHES	BCNA|MAPPO|HMO|PPO*	Northwood		
A6219	GAUZE NON-IMPREG STERL 16 SQ/LESS W/ADHES BORDR	BCNA|MAPPO|HMO|PPO*	Northwood		
A6220	GAUZE NON-IMPREG >16 </= 48 SQ W/ADHES BORDR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6222	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL 16 SQ/<	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6223	GAUZE IMPREG NOT H2O SALINE/HYDRGEL >16 </=48 SQ	BCNA|MAPPO|HMO|PPO*	Northwood		
A6234	HYDROCOLLOID DRESS STERL 16 SQ/< NO ADHES BORDR	BCNA|MAPPO|HMO|PPO*	Northwood		
A6235	HYDROCOLLOID DRESS >16 BUT </=48 SQ W/O ADHES EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6240	HYDROCOLLOID DRESSING WND FIL PASTE STERL PER OZ	BCNA|MAPPO|HMO|PPO*	Northwood		
A6248	HYDROGEL DRESSING WOUND FILLER GEL PER FL OZ	BCNA|MAPPO|HMO|PPO*	Northwood		
A6250	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
A6251	SPCLTY ABSORB DRESS STERL 16 SQ/<NO ADHES BORDR	BCNA|MAPPO|HMO|PPO*	Northwood		
A6252	SPCLTY ABSORB DRESS >16 </=48 SQ W/O ADHES BORDR	BCNA|MAPPO|HMO|PPO*	Northwood		
A6253	SPCLTY ABSORB DRESS STERL >48 SQ NO ADHES BORDR	BCNA|MAPPO|HMO|PPO*	Northwood		
A6257	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
A6258	TRNSPRT FILM STERL >16 SQ BUT</= 48 SQ EA DRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
A6259	TRANSPARENT FILM STERL > 48 SQ IN EA DRESSING	BCNA|MAPPO|HMO|PPO*	Northwood		
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
A6261	WOUND FILLER GEL/PASTE PER FL OZ NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6266	GAUZE IMPREG NOT H2O SALINE/ZINC PASTE LINR YD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6402	GAUZE NON-IMPREG STERL 16 SQ/< W/O ADHES BORDR	BCNA|MAPPO|HMO|PPO*	Northwood		
A6403	GAUZE NON-IMPREG STERL > 16 </= 48 SQ W/O ADHES	BCNA|MAPPO|HMO|PPO*	Northwood		
A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN WDTH-LINR YARD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6441	PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WDTH	BCNA|MAPPO|HMO|PPO*	Northwood		
A6442	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST	BCNA|MAPPO|HMO|PPO*	Northwood		
A6443	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST	BCNA|MAPPO|HMO|PPO*	Northwood		
A6445	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL	BCNA|MAPPO|HMO|PPO*	Northwood		
A6446	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL	BCNA|MAPPO|HMO|PPO*	Northwood		
A6448	LT COMPRS BANDGE ELAST WDTH < 3 IN PER YARD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6449	LT COMPRS BANDGE ELAST WDTH >/= 3 & <5 IN PER YD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6450	LT COMPRS BANDGE ELAST WDTH >/= 5 IN PER YARD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6452	HI COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
A6453	SELF-ADHERENT BANDGE WDTH </= 3 IN PER YARD	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6454	SELF-ADHERENT BANDGE WDTH >/= 3 & < 5 IN PER YD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6455	SELF-ADHERENT BANDGE WDTH >/= 5 IN PER YARD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6456	ZINC PASTE IMPREGNTD BANDGE WDTH >/= 3 & <5 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
A6457	TUBULAR DRSG W/WO ELASTIC ANY WDTH PER LINEAR YD	BCNA|MAPPO|HMO|PPO*	Northwood		
A6504	COMPRS BURN GARMENT GLOVE WRIST CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
A6508	COMPRS BURN GARMENT FT THIGH LENGTH CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
A6512	COMPRESSION BURN GARMENT NOC	BCNA|MAPPO|HMO|PPO*	Northwood		
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	BCNA|MAPPO|HMO|PPO*	Northwood		
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	BCNA|MAPPO|HMO|PPO*	Northwood		
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	BCNA|MAPPO|HMO|PPO*	Northwood		
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	BCNA|MAPPO|HMO|PPO*	Northwood		
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6520	Gradient compression garment, glove, padded, for nighttime use, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6522	Gradient compression garment, arm, padded, for nighttime use, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6528	Gradient compression garment, bra, for nighttime use, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6529	Gradient compression garment, bra, for nighttime use, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6530	GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6531	Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6532	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6533	GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6534	GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6535	Gradient compression stocking, thigh length, 40 mmhg or greater, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6536	GRADIENT COMPRS STK FULL LEN/CHAP 18-30 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6537	GRADIENT COMPRS STK FULL LEN/CHAP 30-40 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6538	Gradient compression stocking, full length/chap style, 40 mmhg or greater, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6539	GRADIENT COMPRESSION STK WAIST LEN 18-30 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6540	GRADIENT COMPRESSION STK WAIST LEN 30-40 MMHG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A6541	Gradient compression stocking, waist length, 40 mmhg or greater, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6544	GRADIENT COMPRESSION STOCKING GARTER BELT	BCNA|MAPPO|HMO|PPO*	Northwood		
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6548	Accessory to custom gradient compression garment, silicone band, any size	BCNA|MAPPO|HMO|PPO*	Northwood		
A6549	Gradient compression garment, not otherwise specified	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6550	WND CARE SET NEG PRSS WND TX ELEC PUMP SPL	BCNA|MAPPO|HMO|PPO*	Northwood		
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6565	Gradient compression gauntlet, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6566	Gradient compression garment, neck/head, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6567	Gradient compression garment, neck/head, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6568	Gradient compression garment, torso and shoulder, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6569	Gradient compression garment, torso/shoulder, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6570	Gradient compression garment, genital region, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6571	Gradient compression garment, genital region, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6572	Gradient compression garment, toe caps, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6573	Gradient compression garment, toe caps, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6574	Gradient compression arm sleeve and glove combination, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6575	Gradient compression arm sleeve and glove combination, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6576	Gradient compression arm sleeve, custom, medium weight, each	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6577	Gradient compression arm sleeve, custom, heavy weight, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6578	Gradient compression arm sleeve, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6579	Gradient compression glove, custom, medium weight, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6580	Gradient compression glove, custom, heavy weight, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6581	Gradient compression glove, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6582	Gradient compression gauntlet, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	BCNA|MAPPO|HMO|PPO*	Northwood		
A6585	Gradient pressure wrap with adjustable straps, above knee, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6586	Gradient pressure wrap with adjustable straps, full leg, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6587	Gradient pressure wrap with adjustable straps, foot, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6588	Gradient pressure wrap with adjustable straps, arm, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6589	Gradient pressure wrap with adjustable straps, bra, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6609	Gradient compression bandaging supply, not otherwise specified	BCNA|MAPPO|HMO|PPO*	Northwood		
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	BCNA|MAPPO|HMO|PPO*	Northwood		
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	BCNA|MAPPO|HMO|PPO*	Northwood		
A7000	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A7001	CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A7002	TUBING USED WITH SUCTION PUMP EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A7004	SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL	BCNA|MAPPO|HMO|PPO*	Northwood		
A7006	ADMIN SET W/SMALL VOLUME FILTR PNEUMAT NEBULIZR	BCNA|MAPPO|HMO|PPO*	Northwood		
A7007	LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS	BCNA|MAPPO|HMO|PPO*	Northwood		
A7010	CORUGATD TUBING DISPBL W/LG VOL NEBULIZR 100 FT	BCNA|MAPPO|HMO|PPO*	Northwood		
A7012	WATER COLLEC DEV USE W/LG VOL NEB	BCNA|MAPPO|HMO|PPO*	Northwood		
A7013	FILTER DISPOSABL W/AREOSOL COMPRESS/US GENERATOR	BCNA|MAPPO|HMO|PPO*	Northwood		
A7018	H2O DIST USE W/LG VOL NEB 1000 ML	BCNA|MAPPO|HMO|PPO*	Northwood		
A7020	INTERFACE COUGH STIMULAT DEVC REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
A7025	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND	BCNA|MAPPO|HMO|PPO*	Northwood		
A7026	HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND	BCNA|MAPPO|HMO|PPO*	Northwood		
A7044	ORAL INTERFACE USED W/POS ARWAY PRESS DEVICE EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A7045	EXHALATION PORT W/WO SWIVEL REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
A7049	Expiratory positive airway pressure intranasal resistance valve	BCNA|MAPPO|HMO|PPO*	Northwood		
A7507	FLTR HLDR&INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG	BCNA|MAPPO|HMO|PPO*	Northwood		
A7509	FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA	BCNA|MAPPO|HMO|PPO*	Northwood		
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL	BCNA|MAPPO|HMO|PPO*	Northwood		
A7521	TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/= EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A7525	TRACHEOSTOMY MASK EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A8000	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES	BCNA|MAPPO|HMO|PPO*	Northwood		
A8001	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES	BCNA|MAPPO|HMO|PPO*	Northwood		
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES	BCNA|MAPPO|HMO|PPO*	Northwood		
A8003	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES	BCNA|MAPPO|HMO|PPO*	Northwood		
A8004	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2026
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2026
A9154	Artificial saliva, 1 ml	HMO	Not Covered	See Footnote 10	
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	BCNA|HMO	Not Covered	See Footnote 10	
A9268	Programmer for transient, orally ingested capsule	BCNA|HMO	e-referral		
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	BCNA|HMO	e-referral		
A9270	NONCOVERED ITEM OR SERVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
A9272	WND SUCT DISPBL DSG ALL ACC & CMPNT ANY TYP EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A9273	Cold or hot fluid bottle, ice cap or collar, heat	BCNA|MAPPO|HMO|PPO*	Northwood		
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A9275	HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS	PPO*	Northwood		
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	BCNA|MAPPO|HMO|PPO*	Northwood		
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	BCNA|MAPPO|HMO|PPO*	Northwood		
A9279	MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC	BCNA|MAPPO|HMO|PPO*	Northwood		
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A9282	WIG ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A9283	FOOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
A9285	INVERSION/EVERSION CORRECTION DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
A9286	HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
A9291	Prescription digital cognitive and/or behavioral therapy, fda cleared, per course of treatment	BCNA|HMO	Not Covered	See Footnote 10	
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A9293	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	HMO	e-referral		
A9293	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	BCNA	Not Covered	See Footnote 10	
A9506	Graphite crucible for preparation of technetium tc 99m-labeled carbon aerosol, each	BCNA|HMO	e-referral		7/1/2024
A9513	Lutetium Lu 177 dotatat ther	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	BCNA|HMO	e-referral		
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	BCNA|HMO	e-referral		
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	BCNA|HMO	e-referral		
A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie	BCNA|HMO	e-referral		
A9602	Fluorodopa f-18, diagnostic, per millicurie	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
A9606	Radium Ra223 dichloride ther	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
A9607	Lutetium lu 177 vipivotide tetraxetan	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
A9610	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	HMO	e-referral		10/1/2024
A9611	Flurpiridaz f 18, diagnostic, 1 millicurie	HMO	e-referral		
A9699	Supply of radiopharmaceutical therapeutic imaging agent, noc	BCNA|HMO	e-referral		
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	BCNA|MAPPO|HMO|PPO*	Northwood		
A9901	DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS	BCNA|MAPPO|HMO|PPO*	Northwood		
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
B4100	Food thickener, administered orally, per ounce	BCNA|HMO	e-referral		
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE - (See CPT/HCPCS Manual)	HMO	e-referral		
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE	BCNA	Not Covered	See Footnote 10	
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPL - (See CPT/HCPCS Manual)	HMO	e-referral		
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPL	BCNA	Not Covered	See Footnote 10	
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	HMO	e-referral		
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	BCNA|HMO	e-referral		
B4149	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WI - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
B4150	Enteral Formulae; Category I; Semi-Synthetic Intact Protein/Protein Is	BCNA|HMO	e-referral		
B4152	Enteral Formulae; Category Ii: Intact Protein/Protein Isolates (Calori	BCNA|HMO	e-referral		
B4153	Enteral Formulae; Category Iii: Hydrolized Protein/Amino Acids (E.G.,	BCNA|HMO	e-referral		
B4154	Enteral Formulae; Category Iv: Defined Formula for Special Metabolic N	BCNA|HMO	e-referral		
B4155	Enteral Formulae; Category V: Modular Components (Protein, Carbohydrat	BCNA|HMO	e-referral		
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral	See Footnote 2	
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALL - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALL - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALL - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/A - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL META - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral	See Footnote 2	
B9002	Enteral nutrition infusion pump, any type	BCNA|HMO	e-referral		
B9998	Noc for Enternal Supplies	BCNA|HMO	e-referral		
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	HMO	e-referral		
C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	HMO	e-referral		
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	HMO	e-referral		
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	HMO	e-referral		
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	BCNA|HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	HMO	e-referral		1/1/2026
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)	HMO	e-referral		1/1/2026
C1716	Brachytx, non-str, gold-198	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
C1717	Brachytx, non-str, hdr ir-192	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	HMO	e-referral		1/1/2025
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	HMO	e-referral		1/1/2025
C1738	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	HMO	e-referral		1/1/2025
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	HMO	e-referral		
C1741	Anchor/screw for bone fixation, absorbable (implantable)	HMO	e-referral		
C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C1743	Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)	HMO	e-referral		
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	BCNA|HMO	e-referral		
C1762	Connective tissue, human (includes fascia lata)	HMO	e-referral		
C1762	Connective tissue, human (includes fascia lata)	BCNA	Not Covered		
C1763	Connective tissue, non-human (includes synthetic)	HMO	e-referral		
C1763	Connective tissue, non-human (includes synthetic)	BCNA	Not Covered		
C1768	Graft, vascular	HMO	e-referral		
C1768	Graft, vascular	BCNA	Not Covered		
C1772	Infusion pump, programmable (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1778	Lead, neurostimulator (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1787	Patient programmer, neurostimulator	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1816	Receiver and/or transmitter, neurostimulator (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1820	Generator, neurostimulator (implantable), non high-frequency with rechargeable battery and charging system	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1824	Generator, cardiac contractility modulation (implantable)	BCNA|HMO	Not Covered	See Footnote 10	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	BCNA|HMO	e-referral		
C1830	Powered bone marrow biopsy needle	BCNA|HMO	e-referral		
C1832	Autograft suspension, including cell processing and application, and all system components (RECELL autologous cell harvesting device)	HMO	e-referral		
C1832	Autograft suspension, including cell processing and application, and all system components (RECELL autologous cell harvesting device)	BCNA	Not Covered		
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	BCNA|HMO	e-referral		
C1883	Adaptor/ extension, pacing lead or neurostimulator lead (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1889	Implantable/insertable device, not otherwise classified	BCNA|HMO	e-referral		
C1890	No implantable/insertable device used with device-intensive procedures	HMO	Not Covered		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue[SM], BCN commercial and BCN Advantage[SM]

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C1891	Infusion pump, non-programmable, permanent (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C1894	Introducer/sheath, other than guiding, intracardiac, electrophysiological, non-laser (	BCNA|HMO	e-referral		
C1897	Lead, neurostimulator test kit (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C2616	Brachytx, non-str, yttrium-90	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	HMO	e-referral		1/1/2025
C2626	Infusion pump, non-programmable, temporary (implantable)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biops	BCNA|HMO	e-referral		
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the	BCNA|HMO	e-referral		
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performe	HMO|PPO*	Carelon		
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same v	HMO|PPO*	Carelon		
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	HMO	e-referral		
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C7569	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	HMO	e-referral		1/1/2026
C7570	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)	HMO	e-referral		1/1/2026
C7571	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with percutaneous transluminal coronary lithotripsy	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	HMO	e-referral		10/1/2024
C8001	3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy	HMO	e-referral		1/1/2025
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	HMO	e-referral		1/1/2025
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	BCNA	Not Covered		1/1/2025
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)	HMO	e-referral		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	HMO	e-referral		
C8005	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (pef) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	HMO	e-referral		
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C8010	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	HMO	e-referral		
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	PPO*	Carelon		
C9064	Mitomycin pyelocalyceal instillation, 1 mg	PPO*	Carelon		
C9066	Injection, sacituzumab govitecan-hziy, 10 mg	PPO*	Carelon		
C9070	Injection, tafasitamab-cxix, 2 mg	PPO*	Carelon		
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	HMO	e-referral		7/1/2025
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER	BCNA	Not Covered	See Footnote 10	
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENTIMETER LENGTH	HMO	e-referral		
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENTIMETER LENGTH	BCNA	Not Covered		
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	BCNA	Not Covered	See Footnote 10	
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	HMO	e-referral		
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	BCNA	Not Covered	See Footnote 10	
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Prote	BCNA|HMO	e-referral		
C9358	Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix), per 0.5 square centim	HMO	e-referral		
C9358	Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix), per 0.5 square centim	BCNA	Not Covered	See Footnote 10	
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square ce	HMO	e-referral		
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square ce	BCNA	Not Covered	See Footnote 10	
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	BCNA	Not Covered	See Footnote 10	
C9363	Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
C9364	Porcine implant, Permacol, per square centimeter	HMO	e-referral		
C9364	Porcine implant, Permacol, per square centimeter	BCNA	Not Covered	See Footnote 10	
C9399	Unclassified drugs or biologicals	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch (	HMO|PPO*	Carelon		
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list (	HMO|PPO*	Carelon		
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch (	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary art (	HMO|PPO*	Carelon		
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronar (	HMO|PPO*	Carelon		
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary (	HMO|PPO*	Carelon		
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluti (	HMO|PPO*	Carelon		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluti (	HMO|PPO*	Carelon		
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants (	BCNA|HMO	e-referral		
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants (	BCNA|HMO	e-referral		
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of ann	BCNA|MAPPO|HMO|PPO*	TurningPoint		
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter	HMO	e-referral		
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed (	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the sam	BCNA|HMO	e-referral		
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio	BCNA|HMO	e-referral		
C9782	Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; tran	BCNA|HMO	e-referral		
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catherization, venou	BCNA|HMO	e-referral		
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9789	Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	HMO	e-referral		
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	BCNA|HMO	e-referral		
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus	BCNA|HMO	e-referral		
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	HMO	e-referral		
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa)	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9804	Elastomeric infusion pump (e.g., on-q* pump with bolus), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2025
C9806	Rotary peristaltic infusion pump (e.g., ambit pump), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2025
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2025
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2025
C9810	Water circulating motorized cold therapy device (e.g., iceman) including all system components (e.g. pads, console, disposable parts), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9811	Electronic ambulatory infusion pump (e.g. sapphire pump), including all pump components, including disposable components , non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026
C9812	Echogenic nerve block needles (e.g. sonoplex, sonoblock, sonotap), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026
C9813	Perforated continuous infusion catheter set (e.g. infiltralong), including all components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026
C9814	Continuous anesthesia echogenic conduction catheter set (e.g. sonolong), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9815	Linear peristaltic pain management infusion pump (e.g. cadd-solis ambulatory infusion pump), and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026
C9816	Rotary peristaltic infusion pump (e.g., reusable ambit pump) including all disposable system components, reusable non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026
C9817	Electronic cryo-pneumatic compression, pain management system (e.g. game ready grpro 2.1 system), including control unit, anatomically correct wrap(s), and other system component(s), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	BCNA|HMO	e-referral		7/1/2024
E0100	CANE INCL CANES ALL MATERIAL ADJUSTBLE/FIX W/TIP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0105	CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0117	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0118	CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height	BCNA|MAPPO|HMO|PPO*	Northwood		
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
E0163	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0165	COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0167	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0170	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0171	COMMODE CHAIR INTGR SEAT LIFT MECH NONELEC ANY	BCNA|MAPPO|HMO|PPO*	Northwood		
E0172	SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0175	FOOT REST FOR USE WITH COMMODE CHAIR EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0182	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	BCNA|MAPPO|HMO|PPO*	Northwood		
E0184	DRY PRESSURE MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0186	AIR PRESSURE MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0187	WATER PRESSURE MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0188	SYNTHETIC SHEEPSKIN PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
E0190	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0191	HEEL OR ELBOW PROTECTOR EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0193	POWERED AIR FLOTATION BED	BCNA|MAPPO|HMO|PPO*	Northwood		
E0194	AIR FLUIDIZED BED	BCNA|MAPPO|HMO|PPO*	Northwood		
E0197	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0198	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0201	Penile contracture device, manual, greater than 3 lbs traction force	HMO	Not Covered	See Footnote 10	
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	BCNA|MAPPO|HMO|PPO*	Northwood		
E0215	ELECTRIC HEAT PAD MOIST	BCNA|MAPPO|HMO|PPO*	Northwood		
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0218	Fluid circulating cold pad with pump, any type	BCNA|MAPPO|HMO|PPO*	Northwood		
E0221	INFRARED HEATING PAD SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0225	HYDROCOLLATOR UNIT INCLUDES PADS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0231	NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0232	WOUND WARMING WOUND COVER	BCNA|MAPPO|HMO|PPO*	Northwood		
E0236	PUMP FOR WATER CIRCULATING PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
E0239	HYDROCOLLATOR UNIT PORTABLE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0240	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0241	BATHTUB WALL RAIL EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0242	BATHTUB RAIL FLOOR BASE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0243	TOILET RAIL EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0244	RAISED TOILET SEAT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0245	TUB STOOL OR BENCH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0246	TRANSFER TUB RAIL ATTACHMENT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0247	TRANSFER BENCH TUB/TOILET W/WO COMMODE OPENING	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0249	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E0250	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0251	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0255	HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0260	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0265	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0270	HOSP BED INSTITUTIONAL TYPE: W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0271	MATTRESS INNER SPRING	BCNA|MAPPO|HMO|PPO*	Northwood		
E0272	MATTRESS FOAM RUBBER	BCNA|MAPPO|HMO|PPO*	Northwood		
E0273	BED BOARD	BCNA|MAPPO|HMO|PPO*	Northwood		
E0274	OVER-BED TABLE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0280	BED CRADLE ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0290	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0291	HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0292	HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0293	HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0294	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0295	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0296	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0297	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0300	PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0301	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0302	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0303	HOS BED HEVY DUTY W/WT CAP >350 PDS</=TO 600 PDS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0304	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0305	BEDSIDE RAILS HALF-LENGTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0310	BEDSIDE RAILS FULL-LENGTH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0315	BED ACCESS: BOARD TABLE/SUPPORT DEVICE ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0350	CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0352	DISPBL PACK USE W/THE ELEC BOWEL IRRIG/EVAC SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN&WDTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH&WIDTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	BCNA|MAPPO|HMO|PPO*	Northwood		
E0430	PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR&MASK	BCNA|MAPPO|HMO|PPO*	Northwood		
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK	BCNA|MAPPO|HMO|PPO*	Northwood		
E0433	PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0434	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0435	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0441	STATIONARY O2 CONTENTS GAS 1 MO SUPPLY=1 UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0442	STATIONARY O2 CONTENTS LQD 1 MO SUPPLY = 1 UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0443	PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY=1 UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0444	PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY =1 UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0445	OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV	BCNA|MAPPO|HMO|PPO*	Northwood		
E0447	Portable oxygen contents, liquid, 1 month's supply	BCNA|MAPPO|HMO|PPO*	Northwood		
E0455	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0457	CHEST SHELL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0459	CHEST WRAP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	BCNA|MAPPO|HMO|PPO*	Northwood		
E0467	Home ventilator, multi-function respiratory device	BCNA|MAPPO|HMO|PPO*	Northwood		
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	BCNA|MAPPO|HMO|PPO*	Northwood		
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0480	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES	BCNA|MAPPO|HMO|PPO*	Northwood		
E0482	COUGH STIM DEVICE ALTRNAT POS&NEG ARWAY PRESS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	BCNA|MAPPO|HMO|PPO*	Northwood		
E0484	OSCILLATORY POS EXPIRATORY PRSS DEVC NON-ELEC EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AI - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AI - (See CPT/HCPCS Manual) (	BCNA|HMO	e-referral	See Footnote 5	
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES	BCNA|HMO|PPO*	Northwood		
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	BCNA|HMO	e-referral		
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	HMO	e-referral		
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	HMO	e-referral		
E0500	IPPB MACH W/BUILT-IN NEBULIZATION; VALVS; PWR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	BCNA|MAPPO|HMO|PPO*	Northwood		
E0550	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX/O2 DEL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0555	HUMDIFIR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0561	HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0562	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND/CYL DRIVN	BCNA|MAPPO|HMO|PPO*	Northwood		
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0600	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0604	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP	BCNA|MAPPO|HMO|PPO*	Northwood		
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0619	APNEA MONITOR WITH RECORDING FEATURE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0620	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0621	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	BCNA|MAPPO|HMO|PPO*	Northwood		
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0627	SEAT LIFT MECHANISM ELECTRIC ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0629	SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
E0635	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	BCNA|MAPPO|HMO|PPO*	Northwood		
E0636	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0638	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E0639	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0641	STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0655	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0656	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK	BCNA|MAPPO|HMO|PPO*	Northwood		
E0657	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST	BCNA|MAPPO|HMO|PPO*	Northwood		
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	BCNA|MAPPO|HMO|PPO*	Northwood		
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0660	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG	BCNA|MAPPO|HMO|PPO*	Northwood		
E0665	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0666	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG	BCNA|MAPPO|HMO|PPO*	Northwood		
E0667	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG	BCNA|MAPPO|HMO|PPO*	Northwood		
E0668	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0669	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG	BCNA|MAPPO|HMO|PPO*	Northwood		
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	BCNA|MAPPO|HMO|PPO*	Northwood		
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	BCNA|MAPPO|HMO|PPO*	Northwood		
E0672	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	BCNA|MAPPO|HMO|PPO*	Northwood		
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0677	Non-pneumatic sequential compression garment, trunk	BCNA|MAPPO|HMO|PPO*	Northwood		
E0678	Non-pneumatic sequential compression garment, full leg	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0679	Non-pneumatic sequential compression garment, half leg	BCNA|MAPPO|HMO|PPO*	Northwood		
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	BCNA|MAPPO|HMO|PPO*	Northwood		
E0681	Non-pneumatic compression controller without calibrated gradient pressure	BCNA|MAPPO|HMO|PPO*	Northwood		
E0682	Non-pneumatic sequential compression garment, full arm	BCNA|MAPPO|HMO|PPO*	Northwood		
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
E0691	UV LIGHT TX SYS BULB/LAMP TIMER; TX 2 SQ FT/LESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0692	UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0693	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0694	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0700	SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0705	TRANSER DEVICE ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0720	TENS DEVICE TWO LEAD LOCALIZED STIMULATION	BCNA|MAPPO|HMO|PPO*	Northwood		
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	HMO	e-referral		10/1/2024
E0730	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION	BCNA|MAPPO|HMO|PPO*	Northwood		
E0731	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	BCNA|MAPPO|HMO|PPO*	Northwood		
E0732	Cranial electrotherapy stimulation (ces) system, any type	HMO	Not Covered	See Footnote 10	
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	HMO	e-referral		
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	HMO	e-referral		
E0735	Non-invasive vagus nerve stimulator	HMO	e-referral		
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	HMO	Not Covered	See Footnote 10	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	HMO	e-referral		4/1/2024
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	HMO	e-referral		4/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0740	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	HMO	e-referral		10/1/2024
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0745	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	BCNA|MAPPO|HMO|PPO*	Northwood		
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	BCNA|MAPPO|HMO|PPO*	Northwood		
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	HMO	e-referral		10/1/2024
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOU - (See CPT/HCPCS Manual) (HCPCS, E0769)	BCNA|HMO	e-referral		
E0770	FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
E0783	Infusion Pump, Implantable, Programmable	BCNA|MAPPO|HMO|PPO*	TurningPoint		
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	BCNA|MAPPO|HMO|PPO*	Northwood		
E0785	Implantable intraspinal catheter used w/implantable infusion pump replacement	BCNA|MAPPO|HMO|PPO*	TurningPoint		
E0786	Implantable Pump Replacement	BCNA|MAPPO|HMO|PPO*	TurningPoint		
E0787	EXTERNAL AMBULATORY INFUSION PUMP INSULIN DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINOUS GULCOSE SENSING	PPO*	Northwood		
E0830	AMBULATORY TRACTION DEVICE ALL TYPES EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0849	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0855	CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME	BCNA|MAPPO|HMO|PPO*	Northwood		
E0856	CERVICAL TRACTION DEVICE INFLATABLE AIR BLADDER	BCNA|MAPPO|HMO|PPO*	Northwood		
E0860	TRACTION EQUIPMENT OVERDOOR CERVICAL	BCNA|MAPPO|HMO|PPO*	Northwood		
E0910	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0911	TRAPEZ BAR HEVY DUTY PT WT >250 LBS BED GRAB BAR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0912	TRAPEZ BAR HEVY DUTY PT WT > 250 LBS FREE STAND	BCNA|MAPPO|HMO|PPO*	Northwood		
E0920	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0930	FRACTURE FRAME FREESTANDING INCLUDES WEIGHTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0935	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0940	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E0946	FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED	BCNA|MAPPO|HMO|PPO*	Northwood		
E0947	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION	BCNA|MAPPO|HMO|PPO*	Northwood		
E0948	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION	BCNA|MAPPO|HMO|PPO*	Northwood		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0951	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0952	TOE LOOP/HOLDER ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0953	WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	BCNA|MAPPO|HMO|PPO*	Northwood		
E0955	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0956	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0957	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0958	MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0959	MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU	BCNA|MAPPO|HMO|PPO*	Northwood		
E0961	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0966	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0967	MNL WHLCHR AC HND RIM PROJ ANY TYP REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0968	COMMODE SEAT WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0969	NARROWING DEVICE WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0970	NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEGREST	BCNA|MAPPO|HMO|PPO*	Northwood		
E0971	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0973	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E0974	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0978	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0980	SAFETY VEST WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0981	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0982	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	BCNA|MAPPO|HMO|PPO*	Northwood		
E0985	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM	BCNA|MAPPO|HMO|PPO*	Northwood		
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E0990	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E0992	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT	BCNA|MAPPO|HMO|PPO*	Northwood		
E0994	ARMREST EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E0995	WHEELCHAIR ACCESSORY CALF REST/PAD REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1003	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1004	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1005	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1006	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1007	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1008	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1009	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E1011	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E1017	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1018	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1022	Wheelchair transportation securement system, any type includes all components and accessories	BCNA|MAPPO|HMO|PPO*	Northwood		
E1023	Wheelchair transit securement system, includes all components and accessories	BCNA|MAPPO|HMO|PPO*	Northwood		
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN	BCNA|MAPPO|HMO|PPO*	Northwood		
E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	BCNA|MAPPO|HMO|PPO*	Northwood		
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	BCNA|MAPPO|HMO|PPO*	Northwood		
E1031	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT	BCNA|MAPPO|HMO|PPO*	Northwood		
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	BCNA|MAPPO|HMO|PPO*	Northwood		
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	BCNA|MAPPO|HMO|PPO*	Northwood		
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1035	MULTI-PSTN PT TRNSF SYS W/SEAT PT WT </= 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1038	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1039	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
E1050	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1060	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1070	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1083	HEMI-W/C; FIXED FULL-LEN ARMS DETACHBLE LEGREST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1085	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1086	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1087	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1088	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1089	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1090	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1092	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1093	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1100	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1110	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1140	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1150	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1160	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1170	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1171	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1172	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1180	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1190	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1195	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1200	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED	BCNA|MAPPO|HMO|PPO*	Northwood		
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1222	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1223	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1224	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1230	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER	BCNA|MAPPO|HMO|PPO*	Northwood		
E1231	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/O SEAT	BCNA|MAPPO|HMO|PPO*	Northwood		
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT	BCNA|MAPPO|HMO|PPO*	Northwood		
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1240	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST	BCNA|MAPPO|HMO|PPO*	Northwood		
E1250	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1260	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1270	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1280	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1285	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1290	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1295	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	BCNA|MAPPO|HMO|PPO*	Northwood		
E1297	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	BCNA|MAPPO|HMO|PPO*	Northwood		
E1298	SPECIAL WHLCHAIR SEAT DEPTH &OR WIDTH CONSTRUCT	BCNA|MAPPO|HMO|PPO*	Northwood		
E1301	Whirlpool tub, walk-in, portable	BCNA|HMO	Not Covered	See Footnote 10	
E1352	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS	BCNA|MAPPO|HMO|PPO*	Northwood		
E1353	REGULATOR	BCNA|MAPPO|HMO|PPO*	Northwood		
E1354	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1355	STAND/RACK	BCNA|MAPPO|HMO|PPO*	Northwood		
E1356	O2 ACCESS BTTRY PACK/CRTRDGE PRTBLE CONC REPL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1357	O2 ACCESS BATTRY CHARGER PRTBLE CONC REPL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1390	O2 CONC 1 DEL PORT 85%/>02 CONC AT PRSC FLW RATE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1391	O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1405	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV	BCNA|MAPPO|HMO|PPO*	Northwood		
E1406	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV	BCNA|MAPPO|HMO|PPO*	Northwood		
E1700	JAW MOTION REHABILITATION SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E1800	DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC INTRFCE MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1805	DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1810	DYN ADJUSTBL KNEE EXT/FLX DEVC W/INTERFCE MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1812	DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1813	Dynamic adjustable knee extension only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1815	DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1818	STATIC PROGRESSIVE STRETCH FOREARM DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1820	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1821	REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1825	DYN ADJUSTBL FNGR EXT/FLX DEVC W/SFT INTRFCE MAT	BCNA|MAPPO|HMO|PPO*	Northwood		
E1826	Dynamic adjustable finger extension only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E1828	Dynamic adjustable toe extension only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	BCNA|MAPPO|HMO|PPO*	Northwood		1/1/2025
E1830	DYN ADJUSTBL TOE EXT/FLX DEVC W/SFT INTRFCE MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	BCNA|MAPPO|HMO|PPO*	Northwood		
E1840	DYN ADJUSTBL SHLDR FLX/ABDCT/ROT DEVC SFT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1902	CMNCT BD NON-ELEC AUG/ALTERNATV CMNCT DEVICE	BCNA|MAPPO|HMO|PPO*	Northwood		
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	BCNA|HMO	e-referral		
E2000	GASTR SUCTION PUMP HOM MODEL PRTBLE/STATION ELEC	BCNA|MAPPO|HMO|PPO*	Northwood		
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	BCNA|MAPPO|HMO|PPO*	Northwood		
E2101	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE	PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2102	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2103	Adjunctive, non-implanted continuous glucose monitor or receiver	BCNA|MAPPO|HMO|PPO*	Northwood		
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
E2201	MNL WC ACSS NONSTD SEAT WDTH >/= 20 IN & < 24 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 < 22 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2205	MANUAL WC ACCESS HANDRIM W/O PROJ REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2206	MANUAL WHEELCHAIR AC WL ASM CMPL REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2207	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2208	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2209	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2210	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2211	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E2212	MNL WC ACESS TUBE PNEUMAT PROPULSION TIRE ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E2213	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E2214	MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2216	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
E2217	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2218	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2219	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2220	MNL WC ACSS SOLD PROPULSION TIRE SZ REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2221	MNL WC AC SOLID CASTER TIRE ANY SZ REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2222	MNL WC AC SLD C TIRE I WHL SZ RPL E	BCNA|MAPPO|HMO|PPO*	Northwood		
E2224	MNL WC ACSS PROP WHL EXCLD TIRE SZ REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2225	MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2226	MNL WHLCHAIR ACSS CASTR FORK ANY SZ REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2228	MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	BCNA|MAPPO|HMO|PPO*	Northwood		
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR	BCNA|MAPPO|HMO|PPO*	Northwood		
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2323	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
E2324	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2325	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2328	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2331	PWR WC ACSS ATTENDANT CONTROL PROPROTIONAL	BCNA|MAPPO|HMO|PPO*	Northwood		
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
E2358	PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2359	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2360	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2362	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2363	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2364	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2365	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W/ONLY 1 BATTRY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2367	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2370	PWR WC COMP INT DR WHL MTR&GR BOX COMB REPL ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2371	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2372	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	BCNA|MAPPO|HMO|PPO*	Northwood		
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
E2381	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2382	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2383	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2384	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2385	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2386	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2387	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2388	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2389	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2390	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2391	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2392	PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2394	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2395	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2396	PWR WC CASTER FORK REPLACEMENT ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2398	WHEELCHAIR ACCESSORY DYNAMIC POSITIONING HARDWARE FOR BACK	BCNA|MAPPO|HMO|PPO*	Northwood		
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2500	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME	BCNA|MAPPO|HMO|PPO*	Northwood		
E2502	SPCH GEN DEVC DIGTIZD>8 MINS <= 20 MINS REC TIME	BCNA|MAPPO|HMO|PPO*	Northwood		
E2504	SPCH GEN DEVC DIGTIZD>20 MINS</=40 MINS REC TIME	BCNA|MAPPO|HMO|PPO*	Northwood		
E2506	SPEECH GEN DEVICE DIGITIZED >40 MINS REC TIME	BCNA|MAPPO|HMO|PPO*	Northwood		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT	BCNA|MAPPO|HMO|PPO*	Northwood		
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS	BCNA|MAPPO|HMO|PPO*	Northwood		
E2511	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST	BCNA|MAPPO|HMO|PPO*	Northwood		
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
E2513	Accessory for speech generating device, electromyographic sensor	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	BCNA|MAPPO|HMO|PPO*	Northwood		
E2601	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2602	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2603	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2604	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN/GT DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2607	SKN PROTECT&PSTN WC SEAT CUSHN WDTH <22 IN DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2608	SKN PROTCT&PSTN WC SEAT CUSHN WDTH 22 IN/GT DPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2610	WHEELCHAIR SEAT CUSHION POWERED	BCNA|MAPPO|HMO|PPO*	Northwood		
E2611	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2612	GEN WC BACK CUSHN WDTH 22 IN/GT HT MOUNT HARDWRE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2613	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT	BCNA|MAPPO|HMO|PPO*	Northwood		
E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT	BCNA|MAPPO|HMO|PPO*	Northwood		
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT	BCNA|MAPPO|HMO|PPO*	Northwood		
E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT	BCNA|MAPPO|HMO|PPO*	Northwood		
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2619	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA	BCNA|MAPPO|HMO|PPO*	Northwood		
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH <22 IN	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>	BCNA|MAPPO|HMO|PPO*	Northwood		
E2622	SKIN PROTECT WC SEAT CUSH WIDTH <22 IN ANY DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN/> ANY DEPTH	BCNA|MAPPO|HMO|PPO*	Northwood		
E2624	SKIN PROTECT & POSITIONING WC CUSH WIDTH < 22 IN	BCNA|MAPPO|HMO|PPO*	Northwood		
E2625	SKIN PROTECT & POSITIONING WC CUSH WIDTH 22 IN/>	BCNA|MAPPO|HMO|PPO*	Northwood		
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	BCNA|MAPPO|HMO|PPO*	Northwood		
E2627	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	BCNA|MAPPO|HMO|PPO*	Northwood		
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	BCNA|MAPPO|HMO|PPO*	Northwood		
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	BCNA|MAPPO|HMO|PPO*	Northwood		
E2630	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	BCNA|MAPPO|HMO|PPO*	Northwood		
E2631	WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM	BCNA|MAPPO|HMO|PPO*	Northwood		
E2632	WC ACCESS ADD MOBIL ARM SUPP OFFSET/LAT RCKR ARM	BCNA|MAPPO|HMO|PPO*	Northwood		
E2633	WC ACCESS ADD MOBILE ARM SUPPORT SUPINATOR	BCNA|MAPPO|HMO|PPO*	Northwood		
E3000	Speech volume modulation system, any type, including all components and accessories	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	HMO	e-referral		10/1/2024
E8000	GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E8001	GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS	BCNA|MAPPO|HMO|PPO*	Northwood		
E8002	GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS	BCNA|MAPPO|HMO|PPO*	Northwood		
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus (hiv), includes hiv	HMO	Not Covered	See Footnote 10	
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued	HMO	Not Covered	See Footnote 10	
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other	HMO	Not Covered	See Footnote 10	6/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)	HMO	Not Covered	See Footnote 10	6/1/2025
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 m	HMO	Not Covered	See Footnote 10	6/1/2025
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to g0023)	HMO	Not Covered	See Footnote 10	6/1/2025
G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of recei	HMO	Not Covered	See Footnote 10	
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15	BCNA|MAPPO	Tango		3/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE EST OR DEL OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0161	SVCS PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE EST OR DEL OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	BCNA|MAPPO	Tango		3/1/2026
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) IN THE DELIVERY OF MANAGEMENT & EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENTS UNDERLYING CONDITION OR COMPLICATION	BCNA|MAPPO	Tango		3/1/2026
G0183	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from ct scan(s) data of the chest/heart (with or without contrast)	HMO	e-referral		
G0219	PET imaging whole body; melanoma full- and partial-staging PET scanners only, for non-covered indications	HMO	e-referral		
G0219	PET imaging whole body; melanoma full- and partial-staging PET scanners only, for non-covered indications	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minut	BCNA|HMO	e-referral		
G0238	Therapeutic procedures to improve respiratory function , other than described by G0237, one on one, face to face, per	BCNA|HMO	e-referral		
G0239	Therapeutic procedures to improve respiratory function, other than services described by G0237, - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer	HMO	e-referral		
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer	BCNA	Not Covered	See Footnote 10	
G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST	HMO	e-referral		
G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST	BCNA	Not Covered	See Footnote 10	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therape - W/WO arthrography	HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (	HMO	e-referral		
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	BCNA|HMO	e-referral		
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of ar - (See CPT/HCPCS Manual)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
G0295	Electromagnetic stimulation, to one or more areas	BCNA|HMO	e-referral		
G0297	Low dose ct scan (LDCT) for lung cancer screening	PPO*	Carelon		
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	BCNA|MAPPO	Tango		3/1/2026
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	BCNA|MAPPO	Tango		3/1/2026
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time	BCNA|HMO	Not Covered	See Footnote 10	
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time	BCNA|HMO	Not Covered	See Footnote 10	
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to	BCNA|HMO	Not Covered	See Footnote 10	
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30	BCNA|HMO	Not Covered	See Footnote 10	
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and p	BCNA|HMO	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and pe	BCNA|HMO	Not Covered	See Footnote 10	
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected	HMO	Not Covered	See Footnote 10	6/1/2025
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the da	HMO	Not Covered	See Footnote 10	6/1/2025
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the da	HMO	Not Covered	See Footnote 10	6/1/2025
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	BCNA|HMO	Not Covered	See Footnote 10	
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcer - (See CPT/HCPCS Manual)	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia ca	BCNA|HMO	Not Covered	See Footnote 10	
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30DAY SUPPLY	BCNA	Northwood		
G0339	Robot lin-radsurg com, first	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
G0340	Robt lin-radsurg fractx 2-5	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels (	HMO	e-referral		
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	BCNA|HMO	e-referral		
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	BCNA|HMO	e-referral		
G0428	Collagen Meniscus Implant	BCNA|HMO	e-referral		
G0429	Dermal filler injection(s) for the treatment of facial lipodystropy syndrome (LDS) (e.g,, as result of highly active antiretroviral therapy)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER WITH INSERTION OF PACING ELECTRODE, CARDIAC V (	BCNA|MAPPO|HMO|PPO*	Carelon		
G0458	Ldr prostate brachy comp rat	HMO|PPO|BCNA|MAPPO	OncoHealth		9/1/2026
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy as maintained by CMS falls under Miscellaneous Services	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	BCNA|HMO	e-referral		
G0465	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleaR device (includes administration, dressings, phlebotomy, centrifugation, and all ot	BCNA|HMO	e-referral		
G0493	Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes	BCNA|MAPPO	Tango		3/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0494	Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes	BCNA|MAPPO	Tango		3/1/2026
G0495	Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutess	BCNA|MAPPO	Tango		3/1/2026
G0496	Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	BCNA|MAPPO	Tango		3/1/2026
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0522	Management of a new patient with dementia, low complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0523	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model	BCNA	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0527	Management of established patient with dementia, low complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	BCNA	e-referral		7/1/2024
G0529	In-home respite care, 4-hour unit, for use in cmmi model	BCNA	e-referral		7/1/2024
G0529	In-home respite care, 4-hour unit, for use in cmmi model	HMO	Not Covered	See Footnote 10	
G0530	Adult day center, 8-hour unit, for use in cmmi model	BCNA	e-referral		7/1/2024
G0530	Adult day center, 8-hour unit, for use in cmmi model	HMO	Not Covered	See Footnote 10	
G0531	Facility-based respite, 24-hour unit, for use in cmmi model	BCNA	e-referral		7/1/2024
G0531	Facility-based respite, 24-hour unit, for use in cmmi model	HMO	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ascvd) risk assessment, 5-15 minutes, not more often than every 12 months	HMO	Not Covered	See Footnote 10	
G0538	Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month	HMO	Not Covered	See Footnote 10	
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	HMO	e-referral		1/1/2025
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use g0542 in conjunction with g0541)	HMO	e-referral		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	HMO	e-referral		1/1/2025
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent or discharge)	HMO	Not Covered	See Footnote 10	1/1/2025
G0555	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring	HMO	e-referral		1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583t)	HMO	e-referral		1/1/2025
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	HMO	e-referral		1/1/2025
G0566	3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy	HMO	e-referral		
G0571	Intraoperative nerve(s) cryoablation for post-surgical pain relief (list separately in addition to code for primary service)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0577	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction performed in the non-facility setting.	HMO	Not Covered		
G0660	Team remote e/m new pt 10mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0661	Team remote e/m new pt 20mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0662	Team remote e/m new pt 30 mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0663	Team remote e/m new pt 45mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0664	Team remote e/m new pt 60mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0665	Team remote e/m est. pt 10mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0666	Team remote e/m est. pt 15mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0667	Team remote e/m est. pt 25mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0668	Team remote e/m est. pt 40mins	HMO	Not Covered	See Footnote 10	1/1/2026
G0680	Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area	BCNA	Not Covered	See Footnote 10	
G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	BCNA	Not Covered	See Footnote 10	
G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	BCNA	Not Covered	See Footnote 10	
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development	HMO	Not Covered	See Footnote 10	
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (list separately in additio	HMO	Not Covered	See Footnote 10	
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of	BCNA|HMO	e-referral		
G9871	Behavioral counseling for diabetes prevention, online, 60 minutes	HMO	Not Covered	See Footnote 10	1/1/2026
H0011	Residential Treatment Center (RTC): SUD	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
H0017	Residential Treatment Center (RTC): Mental Health	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
H0035	Mental health partial hospitalization, treatment, less than 24 hours	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
H2013	Inpatient Mental Health	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
H2035	ALCOHOL AND/OR DRUG TREATMENT PROGRAM;PER HOUR	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM;PER DIEM	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
H2038	Skills training and development, per diem	BCNA|HMO	Not Covered	See Footnote 10	
J0013	Esketamine, nasal spray, 1 mg	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (HCPCS, J0129)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0174	Injection, lecanemab-irmb, 1 mg (HCPCS, J0174)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0175	Injection, donanemab-azbt, 2 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0177	Injection, aflibercept hd, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0178	Injection, aflibercept, 1 mg (HCPCS, J0178)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J0179	Injection, brolucizumab-dbll, 1 mg (HCPCS, J0179)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0180	INJECTION, AGALSIDASE BETA, 1 MG (HCPCS, J0180)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0185	Injection, aprepitant, 1 mg	HMO|PPO|BCNA|MAPPO	OncoHealth		
J0202	Injection, alemtuzumab, 1 mg (HCPCS, J0202)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0217	Injection, velmanase alfa-tycv, 1 mg (HCPCS, J0217)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0218	Injection, olipudase alfa-rpcp, 1 mg (HCPCS, J0218)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg (HCPCS, J0219)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED (HCPCS, J0220)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG (HCPCS, J0221)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0222	Injection, Patisiran, 0.1 mg (HCPCS, J0222)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0223	Injection, givosiran, 0.5 mg (HCPCS, J0223)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0224	Injection, lumasiran, 0.5 mg (HCPCS, J0224)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0225	Injection, vutrisiran, 1 mg (HCPCS, J0225)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (HCPCS, J0256)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG (HCPCS, J0257)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0490	INJECTION, BELIMUMAB, 10 MG (HCPCS, J0490)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0491	Injection, anifrolumab-fnia, 1 mg (HCPCS, J0491)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0517	Injection, benralizumab, 1 mg (HCPCS, J0517)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0567	Injection, cerliponase alfa, 1 mg (HCPCS, J0567)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0584	Injection, burosumab-twza 1 mg (HCPCS, J0584)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT (HCPCS, J0585)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS (HCPCS, J0586)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS (HCPCS, J0587)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT (HCPCS, J0588)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units (HCPCS, J0596)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS (HCPCS, J0597)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS (HCPCS, J0598)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0638	INJECTION, CANAKINUMAB, 1 MG (HCPCS, J0638)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	PPO*	Carelon	See Footnote 30	
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administer (HCPCS, J0717)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg (HCPCS, J0741)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG (HCPCS, J0775)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0791	Injection, crizanlizumab-tmca, 5 mg (HCPCS, J0791)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0801	Injection, corticotropin (acthar gel), up to 40 units (HCPCS, J0801)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0802	Injection, corticotropin (ani), up to 40 units (HCPCS, J0802)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J0870	Injection, imetelstat, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J0870	Injection, imetelstat, 1 mg	PPO*	Carelon	See Footnote 30	
J0896	Injection, Luspatercept-aamt, 0.25 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J0896	Injection, Luspatercept-aamt, 0.25 mg	PPO*	Carelon	See Footnote 30	
J0897	INJECTION, DENOSUMAB, 1 MG (HCPCS, J0897)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1073	Testosterone pellet, implant, 75 mg	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1289	Injection, narsoplimab-wuug, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1290	INJECTION, ECALLANTIDE, 1 MG (HCPCS, J1290)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1299	Injection, eculizumab, 2 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1301	Injection, edaravone, 1 mg (HCPCS, J1301)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1302	Injection, sutimlimab-jome, 10 mg (HCPCS, J1302)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1303	Injection, ravulizumab-cwvz, 10 mg (HCPCS, J1303)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1304	Injection, tofersen, 1 mg (HCPCS, J1304)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1305	Injection, evinacumab-dgnb, 5mg (HCPCS, J1305)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1306	Injection, inclisiran, 1 mg (HCPCS, J1306)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1307	Injection, crovalimab-akkz, 10 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1322	Injection, elosulfase alfa, 1mg (HCPCS, J1322)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1323	Injection, elranatamab-bcmm, 1 mg	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J1323	Injection, elranatamab-bcmm, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1325	Injection, Epoprostenol, 0.5 Mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J1326	Injection, zolbetuximab-clzb, 2 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1326	Injection, zolbetuximab-clzb, 2 mg	PPO*	Carelon	See Footnote 30	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose (HCPCS, J1411)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (HCPCS, J1413)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1426	Injection, casimersen, 10 mg (HCPCS, J1426)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1427	Injection, viltolarsen, 10 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1428	Injection, eteplirsen, 10 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1429	Injection, golodirsen, 10 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1434	Injection, fosaprepitant (focinvez), 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1437	Injection, ferric derisomaltose, 10 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J1439	Injection, ferric carboxymaltose, 1mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J1440	Fecal microbiota, live - jslm, 1 ml	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	PPO*	Carelon	See Footnote 30	
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1447	Injection, tbo-filgrastim, 1 microgram	PPO*	Carelon	See Footnote 30	
J1447	Injection, tbo-filgrastim, 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1448	Injection, trilaciclib, 1mg	PPO*	Carelon	See Footnote 30	
J1448	Injection, trilaciclib, 1mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1449	Injection, eflapegrastim-xnst, 0.1 mg	PPO*	Carelon	See Footnote 30	
J1449	Injection, eflapegrastim-xnst, 0.1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1458	INJECTION, GALSULFASE, 1 MG	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1460	Injection, Gamma Globulin, Intramuscular, 1 Cc	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J1551	Injection, immune globulin (cutaquig), 100 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1552	Injection, immune globulin (alyglo), 500 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1553	Injection, immune globulin (yimmugo), 100 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1554	Injection, immune globulin (asceniv), 500 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1555	Injection, immune globulin (cuvitru), 100 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J1556	Injection, immune globulin (bivigam), 500 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1558	Injection, immune globulin (Xembify), 100 mg (HCPCS, J1558)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG (HCPCS, J1559)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1560	Gamma globulin > 10 cc inj	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e. G. (HCPCS, J1561)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG (HCPCS, J1566)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. , 500 MG (HCPCS, J1568)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e. G. (HCPCS, J1569)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG (HCPCS, J1572)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin (HCPCS, J1575)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg (HCPCS, J1576)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1577	Injection, immune globulin (qivigy), 100 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG (HCPCS, J1599)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1602	Injection, golimumab, 1 mg, for intravenous use (HCPCS, J1602)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1627	Injection, granisetron, extended-release, 0.1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J1628	Injection, guselkumab, 1 mg (HCPCS, J1628)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg (HCPCS, J1726)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg (HCPCS, J1729)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1743	INJECTION, IDURSULFASE, 1 MG (HCPCS, J1743)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1744	Injection, icatibant, 1 mg (HCPCS, J1744)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J1745	Injection, infliximab, excludes biosimilar, 10 mg (HCPCS, J1745)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1746	Injection, ibalizumab-uiyk, 10 mg (HCPCS, J1746)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1747	Injection, spesolimab-sbzo, 1 mg (HCPCS, J1747)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1786	INJECTION, IMIGLUCERASE, 10 UNITS (HCPCS, J1786)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1809	Injection, fosdenopterin, 0.1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1823	Injection, inebilizumab-cdon, 1 mg (HCPCS, J1823)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1931	INJECTION, LARONIDASE, 0.1 MG (HCPCS, J1931)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J2182	Injection, mepolizumab, 1 mg (HCPCS, J2182)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2267	Injection, mirikizumab-mrkz, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2277	Injection, motixafortide, 0.25 mg	BCNA|MAPPO	OncoHealth		
J2323	INJECTION, NATALIZUMAB, 1 MG (HCPCS, J2323)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2326	Injection, nusinersen, 0.1 mg (HCPCS, J2326)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg (HCPCS, J2327)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2329	Injection, ublituximab-xiiy, 1mg (HCPCS, J2329)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J2350	Injection, ocrelizumab, 1 mg (HCPCS, J2350)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2356	Injection, tezepelumab-ekko, 1 mg (HCPCS, J2356)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2357	INJECTION, OMALIZUMAB, 5 MG (HCPCS, J2357)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2361	Injection, depemokimab-ulaa, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2502	Injection, pasireotide long acting, 1 mg (HCPCS, J2502)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG (HCPCS, J2503)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (HCPCS, J2504)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J2507	INJECTION, PEGLOTICASE, 1 MG (HCPCS, J2507)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg (HCPCS, J2508)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2777	Injection, faricimab-svoa, 0.1 mg (HCPCS, J2777)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2778	INJECTION, RANIBIZUMAB, 0.1 MG (HCPCS, J2778)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg (HCPCS, J2779)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2781	Injection, pegcetacoplan, intravitreal, 1 mg (HCPCS, J2781)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2782	Injection, avacincaptad pegol, 0.1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2786	Injection, reslizumab, 1 mg (HCPCS, J2786)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2793	Rilonacept injection	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J2802	Injection, romiplostim, 1 microgram	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2820	Injection, Sargramostim (Gm-Csf), 250 Mcg	PPO*	Carelon	See Footnote 30	
J2820	Injection, Sargramostim (Gm-Csf), 250 Mcg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J2840	Sebelipase alfa	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J2998	Injection, plasminogen, human-tvmh, 1 mg (HCPCS, J2998)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3032	Injection, eptinezumab-jjmr, 1 mg (HCPCS, J3032)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3055	Injection, talquetamab-tgvs, 0.25 mg	PPO*	Carelon	See Footnote 30	
J3055	Injection, talquetamab-tgvs, 0.25 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J3060	Injection, taliglucerace alfa, 10 units (HCPCS, J3060)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3111	Injection, romosozumab-aqqg, 1 mg (HCPCS, J3111)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J3145	Injection, testosterone undecanoate, 1 mg (HCPCS, J3145)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3241	Injection, teprotumumab-trbw, 10 mg (HCPCS, J3241)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3245	Injection, tildrakizumab, 1 mg (HCPCS, J3245)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3247	Injection, secukinumab, intravenous, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3262	INJECTION, TOCILIZUMAB, 1 MG (HCPCS, J3262)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3263	Injection, toripalimab-tpzi, 1 mg	PPO*	Carelon	See Footnote 30	
J3263	Injection, toripalimab-tpzi, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J3285	Treprostinil injection	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg (HCPCS, J3304)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3316	Injection, triptorelin, extended-release, 3.75 mg	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J3357	Ustekinumab, for subcutaneous injection, 1 mg (HCPCS, J3357)	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J3358	Ustekinumab, for intravenous injection, 1 mg (HCPCS, J3358)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3380	Injection, vedolizumab, 1 mg (HCPCS, J3380)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS (HCPCS, J3385)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J3386	Injection, etuvetidigene autotemcel, per treatment	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3387	Injection, elivaldogene autotemcel, per treatment	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3389	Topical administration, prademagene zamikeracel, per treatment	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3391	Injection, atidarsagene autotemcel, per treatment	HMO	Blue Cross Medical and Pharmacy Drug		
J3392	Injection, exagamglogene autotemcel, per treatment	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3393	Injection, betibeglogene autotemcel, per treatment	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3394	Injection, lovotibeglogene autotemcel, per treatment	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3397	Injection, vestronidase alfa-vjbk, 1 mg (HCPCS, J3397)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (HCPCS, J3398)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes (HCPCS, J3399)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml (HCPCS, J3401)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3403	Revakinagene taroretcel-lwey, per implant	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J3490	Unclassified Drugs	BCNA|MAPPO|HMO|PPO*	Carelon, Blue Cross Medical and Pharmacy Drug	See Footnote 31	
J3590	Unclassified biologics	BCNA|MAPPO|HMO|PPO*	Carelon, Blue Cross Medical and Pharmacy Drug	See Footnote 31	
J7170	Injection, emicizumab-kxwh, 0.5 mg (HCPCS, J7170)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J7171	Injection, adamts13, recombinant-krhn, 10 iu	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J7172	Inj marstacim-hncq 0.5 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J7173	Injection, concizumab-mtci, 0.5 mg	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7174	Injection, fitusiran, 0.04 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J7175	Inj factor x (human) 1iu	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7179	Vonvendi inj 1 iu vwf:rco	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7180	Factor xiii anti-hem factor	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7181	Factor xiii recomb a-subunit	HMO|PPO	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J7182	Factor viii recomb novoeight	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7183	Wilate injection	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7185	Xyntha inj	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7186	Antihemophilic viii/vwf comp	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7187	Humate-p inj	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7190	Factor viii	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7192	Factor viii recombinant nos	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7193	Factor ix non-recombinant	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7194	Factor ix complex	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7195	Factor ix recombinant nos	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7200	Factor ix recombinan rixubis	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7201	Factor ix alprolix recomb	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7202	Factor ix idelvion inj	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7203	Factor ix recomb gly rebinyn	HMO|PPO	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J7204	Inj recombin esperoct per iu	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7205	Factor viii fc fusion recomb	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7207	Factor viii pegylated recomb	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7208	Inj. jivi 1 iu	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7209	Factor viii nuwiq recomb 1iu	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7210	Inj afstyla 1 i.u	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7211	Inj kovaltry 1 i.u.	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7213	Inj ixinity 1 i.u.	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7214	Altuviiio per factor viii iu	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7320	Hyaluronan or derivitive, Genvisc 850, for intra-articular injection, 1 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7330	Cultured Chondrocytes Implnt	BCNA|MAPPO|HMO|PPO*	TurningPoint		
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7340	carbidopa and levodopa	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7352	Afamelanotide implant, 1 mg (HCPCS, J7352)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J7356	foscarbidopa and foslevodopa	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J7604	ACETYLCYSTEINE INHAL SOL COMP PROD UNIT DOSE P G	BCNA	Northwood		
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOS	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7607	LEVALBUTEROL INHAL CP PROD THRU DME CONC 0.5 MG	BCNA	Northwood		
J7609	ALBUTEROL INHAL CP PROD THRU DME UNIT DOSE 1 MG	BCNA	Northwood		
J7610	ALBUTEROL INHAL SOL ADMIN THRU DME CONC 1 MG	BCNA	Northwood		
J7615	LEVALBUTEROL INHAL SOL THRU DME UNIT DOSE 0.5 MG	BCNA	Northwood		
J7622	BECLOMETHASOME INHAL CP PROD UNIT DOSE PER MG	BCNA	Northwood		
J7624	BETAMETHASONE INHAL CP PROD DME UNIT DOSE PER MG	BCNA	Northwood		
J7627	BUDESONIDE INHAL CP PROD UNIT DOSE UP TO 0.5 MG	BCNA	Northwood		
J7628	BITOLTEROL MESYLATE INHAL CP PROD CONC PER MG	BCNA	Northwood		
J7629	BITOLTEROL MESYLATE INHAL CP UNIT DOSE PER MG	BCNA	Northwood		
J7632	CROMOLYN SODIUM INHAL SOL COMP PROD UD 10 MG	BCNA	Northwood		
J7634	BUDESONIDE INHAL CP PROD THRU DME CONC 0.25 MG	BCNA	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J7635	ATROPINE INHAL SOL COMP PROD CONC FORM PER MG	BCNA	Northwood		
J7636	ATROPINE INHAL COMP PROD UNIT DOSE FORM PER MG	BCNA	Northwood		
J7637	DEXAMETHASONE INHAL COMP PROD CONC FORM PER MG	BCNA	Northwood		
J7638	DEXAMETHASONE INHAL COMP PROD UNIT DOSE PER MG	BCNA	Northwood		
J7640	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	BCNA	Northwood		
J7641	FLUNISOLIDE INHAL COMP PROD UNIT DOSE PER MG	BCNA	Northwood		
J7642	GLYCOPYRROLATE INHAL COMP PROD CONC FORM PER MG	BCNA	Northwood		
J7643	GLYCOPYRROLATE INHAL COMP UNIT DOSE FORM PER MG	BCNA	Northwood		
J7645	IPRATROPIUM BROMIDE INHAL THRU DME U DOSE PER MG	BCNA	Northwood		
J7647	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	BCNA	Northwood		
J7650	ISOETHARINE HCI INHAL THRU DME UNIT DOSE PER MG	BCNA	Northwood		
J7657	ISOPROTERENOL HCI INHAL CP PROD THRU DME PER MG	BCNA	Northwood		
J7660	ISOPROTERENOL HCI INHAL THRU DME U DOSE PER MG	BCNA	Northwood		
J7667	METAPROTERENOL SULFATE INHAL CP PROD CONC 10 MG	BCNA	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J7670	METAPROTERENOL SULFATE INHAL THRU DME PER 10 MG	BCNA	Northwood		
J7676	PENTAMIDINE ISETHIONATE I SOL CP PROD U D 300 MG	BCNA	Northwood		
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7680	TERBUTALINE SULFATE INHAL COMP CONC FORM PER MG	BCNA	Northwood		
J7681	TERBUTALINE SULFATE INHAL COMP UNIT DOSE PER MG	BCNA	Northwood		
J7683	TRIAMCINOLONE INHAL COMP PROD CONC FORM PER MG	BCNA	Northwood		
J7684	TRIAMCINOLONE INHAL COMP PROD UNIT DOSE PER MG	BCNA	Northwood		
J7685	TOBRAMYCIN INHAL CP PROD THRU DME U DOSE 300 MG	BCNA	Northwood		
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	BCNA	Northwood		
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9022	Injection, atezolizumab, 10 mg	PPO*	Carelon	See Footnote 30	
J9022	Injection, atezolizumab, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9023	Injection, avelumab, 10 mg	PPO*	Carelon	See Footnote 30	
J9023	Injection, avelumab, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	PPO*	Carelon	See Footnote 30	
J9026	Injection, tarlatamab-dlle, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9026	Injection, tarlatamab-dlle, 1 mg	PPO*	Carelon	See Footnote 30	
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	PPO*	Carelon	See Footnote 30	
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose (HCPCS, J9029)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9035	INJECTION, BEVACIZUMAB, 10 MG	PPO*	Carelon	See Footnote 30	
J9035	INJECTION, BEVACIZUMAB, 10 MG	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9038	Injection, axatilimab-csfr, 0.1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9054	Injection, bortezomib (boruzu), 0.1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9055	INJECTION, CETUXIMAB, 10 MG	PPO*	Carelon	See Footnote 30	
J9055	INJECTION, CETUXIMAB, 10 MG	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9061	Injection, amivantamab-vmjw, 2 mg	PPO*	Carelon	See Footnote 30	
J9061	Injection, amivantamab-vmjw, 2 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	PPO*	Carelon	See Footnote 30	
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9072	Injection, cyclophosphamide (frindovyx), 5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9119	Injection, cemiplimab-rwlc, 1 mg	PPO*	Carelon	See Footnote 30	
J9119	Injection, cemiplimab-rwlc, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	PPO*	Carelon	See Footnote 30	
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9145	Injection, daratumumab, 10 mg	PPO*	Carelon	See Footnote 30	
J9145	Injection, daratumumab, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	PPO*	Carelon	See Footnote 30	
J9172	Injection, docetaxel (docivyx), 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9173	Injection, durvalumab, 10 mg	PPO*	Carelon	See Footnote 30	
J9173	Injection, durvalumab, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9174	Injection, docetaxel (beizray), 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9176	Injection, elotuzumab, 1 mg	PPO*	Carelon	See Footnote 30	
J9176	Injection, elotuzumab, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	PPO*	Carelon	See Footnote 30	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9183	Gemcitabine intravesical system, 225 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9183	Gemcitabine intravesical system, 225 mg	PPO*	Carelon	See Footnote 30	
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9204	Injection, mogamulizumab-kpkc, 1 mg	PPO*	Carelon	See Footnote 30	
J9204	Injection, mogamulizumab-kpkc, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9205	Injection, irinotecan liposome, 1 mg	PPO*	Carelon	See Footnote 30	
J9205	Injection, irinotecan liposome, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9210	Injection, emapalumab-lzsg, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9227	Injection, isatuximab-irfc, 10 mg	PPO*	Carelon	See Footnote 30	
J9227	Injection, isatuximab-irfc, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9228	INJECTION, IPILIMUMAB, 1 MG	PPO*	Carelon	See Footnote 30	
J9228	INJECTION, IPILIMUMAB, 1 MG	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9256	Injection, nipocalimab-aahu, 3 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	PPO*	Carelon		
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9269	Injection, tagraxofusp-erzs, 10 micrograms	PPO*	Carelon		
J9269	Injection, tagraxofusp-erzs, 10 micrograms	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9271	Injection, pembrolizumab, 1 mg	PPO*	Carelon	See Footnote 30	
J9271	Injection, pembrolizumab, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9272	Injection, dostarlimab-gxly, 10 mg	PPO*	Carelon	See Footnote 30	
J9272	Injection, dostarlimab-gxly, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9273	Injection, tisotumab vedotin-tftv, 1 mg	PPO*	Carelon	See Footnote 30	
J9273	Injection, tisotumab vedotin-tftv, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9274	Injection, tebentafusp-tebn, 1 microgram	PPO*	Carelon	See Footnote 30	
J9274	Injection, tebentafusp-tebn, 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9275	Injection, cosibelimab-ipdl, 2 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9275	Injection, cosibelimab-ipdl, 2 mg	PPO*	Carelon	See Footnote 30	
J9276	Injection, zanidatamab-hrii, 2 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9276	Injection, zanidatamab-hrii, 2 mg	PPO*	Carelon	See Footnote 30	
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	PPO*	Carelon	See Footnote 30	
J9278	Injection, carboplatin (avyxa), 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9278	Injection, carboplatin (avyxa), 1 mg	PPO*	Carelon	See Footnote 30	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	PPO*	Carelon	See Footnote 30	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9282	Mitomycin, intravesical instillation, 1 mg	PPO*	Carelon	See Footnote 30	
J9282	Mitomycin, intravesical instillation, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9286	Injection, glofitamab-gxbm, 2.5 mg	PPO*	Carelon	See Footnote 30	
J9286	Injection, glofitamab-gxbm, 2.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	PPO*	Carelon	See Footnote 30	
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	PPO*	Carelon	See Footnote 30	
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9299	Injection, nivolumab, 1 mg	PPO*	Carelon	See Footnote 30	
J9299	Injection, nivolumab, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9301	Injection, obinutuzumab, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9301	Injection, obinutuzumab, 10 mg	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9303	INJECTION, PANITUMUMAB, 10 MG	PPO*	Carelon	See Footnote 30	
J9303	INJECTION, PANITUMUMAB, 10 MG	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9304	Injection, pemetrexed (pemfexy), 10 mg	PPO*	Carelon	See Footnote 30	
J9304	Injection, pemetrexed (pemfexy), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	PPO*	Carelon	See Footnote 30	
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9306	Injection, pertuzumab, 1 mg	PPO*	Carelon	See Footnote 30	
J9306	Injection, pertuzumab, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9308	Injection, ramucirumab, 5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	PPO*	Carelon	See Footnote 30	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9311	Injection, rituximab 10 mg and hyaluronidase	PPO*	Carelon	See Footnote 30	
J9311	Injection, rituximab 10 mg and hyaluronidase	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9312	Injection, rituximab, 10 mg (HCPCS, J9312)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	PPO*	Carelon	See Footnote 30	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9321	Injection, epcoritamab-bysp, 0.16 mg	PPO*	Carelon	See Footnote 30	
J9321	Injection, epcoritamab-bysp, 0.16 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	PPO*	Carelon	See Footnote 30	
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9324	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	PPO*	Carelon	See Footnote 30	
J9324	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	PPO*	Carelon	See Footnote 30	
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9329	Injection, tislelizumab-jsgr, 1mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9329	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	PPO*	Carelon	See Footnote 30	
J9331	Injection, sirolimus protein-bound particles, 1 mg	PPO*	Carelon	See Footnote 30	
J9331	Injection, sirolimus protein-bound particles, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9332	Injection, efgartigimod alfa-fcab, 2mg (HCPCS, J9332)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9333	Injection, rozanolixizumab-noli, 1 mg (HCPCS, J9333)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc (HCPCS, J9334)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9345	Injection, retifanlimab-dlwr, 1 mg	PPO*	Carelon	See Footnote 30	
J9345	Injection, retifanlimab-dlwr, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9347	Injection, tremelimumab-actl, 1 mg	PPO*	Carelon	See Footnote 30	
J9347	Injection, tremelimumab-actl, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9348	Injection, naxitamab-gqgk, 1 mg	PPO*	Carelon	See Footnote 30	
J9348	Injection, naxitamab-gqgk, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9349	Injection, tafasitamab-cxix, 2 mg	PPO*	Carelon	See Footnote 30	
J9349	Injection, tafasitamab-cxix, 2 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9350	INJECTION, TOPOTECAN, 4 MG (	PPO*	Carelon	See Footnote 30	
J9350	INJECTION, TOPOTECAN, 4 MG (	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9352	Injection, trabectedin, 0.1 mg	PPO*	Carelon	See Footnote 30	
J9352	Injection, trabectedin, 0.1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9353	Injection, margetuximab-cmkb, 5 mg	PPO*	Carelon	See Footnote 30	
J9353	Injection, margetuximab-cmkb, 5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9354	Injection, ado-trastuzumab emtansine, 1 mg	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9354	Injection, ado-trastuzumab emtansine, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	PPO*	Carelon	See Footnote 30	
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	PPO*	Carelon	See Footnote 30	
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	PPO*	Carelon	See Footnote 30	
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	PPO*	Carelon	See Footnote 30	
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	PPO*	Carelon	See Footnote 30	
J9376	Injection, pozelimab-bbfg, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9380	Vincristine Sulfate, 5 Mg (	PPO*	Carelon	See Footnote 30	
J9380	Vincristine Sulfate, 5 Mg (	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9381	Injection, teplizumab-mzwv, 5 mcg (HCPCS, J9381)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
J9382	Injection, zenocutuzumab-zbco, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
J9382	Injection, zenocutuzumab-zbco, 1 mg	PPO*	Carelon	See Footnote 30	
J9601	Injection, linvoseltamab-gcpt, 1 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
J9601	Injection, linvoseltamab-gcpt, 1 mg	PPO*	Carelon	See Footnote 30	
J9999	Not Otherwise Classified, Antineoplastic Drugs	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
K0001	STANDARD WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0002	STANDARD HEMI WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0003	LIGHTWEIGHT WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0006	HEAVY-DUTY WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	BCNA|MAPPO|HMO|PPO*	Northwood		
K0009	OTHER MANUAL WHEELCHAIR/BASE	BCNA|MAPPO|HMO|PPO*	Northwood		
K0010	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0011	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	BCNA|MAPPO|HMO|PPO*	Northwood		
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	BCNA|MAPPO|HMO|PPO*	Northwood		
K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0017	DETACHABLE ADJUST HT ARMREST BASE REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0018	DTACHBLE ADJUST HT ARMREST UP PRTN REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0019	ARM PAD REPLACEMENT ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0020	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0037	High mount flip-up footrest, each	BCNA|MAPPO|HMO|PPO*	Northwood		
K0038	LEG STRAP EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0039	LEG STRAP H STYLE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0041	LARGE SIZE FOOTPLATE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0042	STANDARD SIZE FOOTPLATE REPLACEMENT ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0043	FOOTREST LOWER EXTENSION TUBE REPLACEMNT ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0044	FOOTREST UPPER HANGER BRACKET REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0045	FOOTREST COMPLETE ASSEMBLY REPLACEMENT ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0046	ELEVATING LEGREST LWR EXTENSN TUBE REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0047	ELEVATING LEGREST UPR HANGER BRACKT REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0050	RATCHET ASSEMBLY REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
K0051	CAM RLS ASSEM FOOTREST/LEGREST REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0052	SWINGAWAY DETACHABLE FOOTRESTS REPL ONLY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0053	ELEVATING FOOTRESTS ARTICULATING EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0056	SEAT HT<17/=TO/>21 IN LTWT/ULTRALTWT WHLCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0065	SPOKE PROTECTORS EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0069	REAR WHL ASM CMPL SLD TIRE SPKE/MLD REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0070	REAR WHL ASM COMP PNEUM TIRE SPKS/MLD RPL ONLY E	BCNA|MAPPO|HMO|PPO*	Northwood		
K0071	FRONT CASTER ASSEM COMPLETE PN TIRE REPL ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0072	FRONT C ASSEMBLY COMPL SEMIPNEU TIRE REPL ONLY E	BCNA|MAPPO|HMO|PPO*	Northwood		
K0073	CASTER PIN LOCK EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0077	FRONT CASTER ASSEMBLY COMPL SLD TIRE REPL ONLY E	BCNA|MAPPO|HMO|PPO*	Northwood		
K0098	DRIVE BELT FOR POWER WHEELCHAIR REPLACEMNT ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
K0105	IV HANGER EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
K0108	OTHER ACCESSORIES	BCNA|MAPPO|HMO|PPO*	Northwood		
K0195	ELEVATING LEGREST PAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0462	TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
K0608	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0609	REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0669	WC ACCESS WC SEAT/BACK CUSHION NO DME PDAC	BCNA|MAPPO|HMO|PPO*	Northwood		
K0733	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
K0738	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR	BCNA|MAPPO|HMO|PPO*	Northwood		
K0739	REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0740	REPR/SRVC FOR O2 EQP RQR TECH CMPNT PER 15 MINS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0743	SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO &= 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0822	PWR WC GRP 2 STD SLING SEAT PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/>	BCNA|MAPPO|HMO|PPO*	Northwood		
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/>	BCNA|MAPPO|HMO|PPO*	Northwood		
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>	BCNA|MAPPO|HMO|PPO*	Northwood		
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0848	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>	BCNA|MAPPO|HMO|PPO*	Northwood		
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>	BCNA|MAPPO|HMO|PPO*	Northwood		
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>	BCNA|MAPPO|HMO|PPO*	Northwood		
K0868	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	BCNA|MAPPO|HMO|PPO*	Northwood		
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB	BCNA|MAPPO|HMO|PPO*	Northwood		
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
K0899	PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	BCNA|MAPPO|HMO|PPO*	Northwood		
K1004	Low frequency ultrasonic diathermy treatment device for home use	BCNA|HMO	Not Covered	See Footnote 10	
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	BCNA|HMO	Not Covered	See Footnote 10	
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	BCNA|HMO	Not Covered	See Footnote 10	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	BCNA|HMO	e-referral		
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	BCNA|HMO	Not Covered	See Footnote 10	
L0112	CRANIL CERV ORTHOT CONGN TORTICOLLIS TYPE CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0120	CERVICAL FLEXIBLE NONADJUSTABLE PREFAB OFF SHELF	BCNA|MAPPO|HMO|PPO*	Northwood		
L0150	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP	BCNA|MAPPO|HMO|PPO*	Northwood		
L0160	CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0170	CERVICAL COLLAR MOLDED TO PATIENT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L0172	CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0174	CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0180	CERV MX POST COLLAR OCCIP/MAND SUPPORTS ADJUSTBL	BCNA|MAPPO|HMO|PPO*	Northwood		
L0190	CERV MX POST COLLR OCCIP/MAND SUPP ADJ CERV BARS	BCNA|MAPPO|HMO|PPO*	Northwood		
L0200	CERV MX POST COLLR OCCIP/MAND ADJ CERV&THOR EXT	BCNA|MAPPO|HMO|PPO*	Northwood		
L0450	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0456	TLSO FLEXIBLE SC JUNCT SCAP SPINE PREFAB CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0457	TLSO FLX SC JUNC TERM INF TO SCAP SPINE PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0460	TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0464	TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0472	TLSO TRIPLANAR HYPREXT RIGD ANT&LAT FRME PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0480	TLSO TRIPLANAR 1 PIECE W/O INTERFCE LINER CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0482	TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0484	TLSO TRIPLANAR 2 PIECE W/O INTERFCE LINER CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L0486	TLSO TRIPLANAR 2 PIECE W/INTERFCE LINER CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0488	TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0491	TLSO TWO RIGID PLASTIC SHELLS PREFABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L0625	LUMBAR ORTHOSIS FLEXIBLE PREFABRICATED OFF SHELF	BCNA|MAPPO|HMO|PPO*	Northwood		
L0626	LUMB ORTHOSIS SAGIT CNTRL RIGID POST PANL PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0627	LUMB ORTHOSIS SAGIT CNTRL RIGID A&P PANEL PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0630	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID POST PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0631	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A&P PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0638	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A&P CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L0639	LUMB-SAC ORTHOS SAG-COR CNTRL RIGID SHELL PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0640	LSO SAGITTAL-CORONAL RIGID SHELL/PANEL CUSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0641	LUMB ORTHOS SAGITTAL CTRL RIGD POST PANLS PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L0642	LUMB ORTHOS SAGITTAL CTRL RIGD ANT POST PANELS	BCNA|MAPPO|HMO|PPO*	Northwood		
L0648	LSO SAGITTAL CONTROL RIGD ANT POST PANELS PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	BCNA|MAPPO|HMO|PPO*	Northwood		
L0651	LSO SAGITTAL-CORONAL CONTROL RIGD SHELLS/PANELS	BCNA|MAPPO|HMO|PPO*	Northwood		
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	BCNA|MAPPO|HMO|PPO*	Northwood		
L0810	HALO PROC CERV HALO INCORPORATED IN JACKET VEST	BCNA|MAPPO|HMO|PPO*	Northwood		
L0820	HALO PROC CERV HALO INC IN PLASTR BDY JACKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L0830	HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS	BCNA|MAPPO|HMO|PPO*	Northwood		
L0859	ADD HALO PROC MRI COMPAT SYS RINGS&PINS ANY MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L0984	PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L1005	TENSION BASED SCOLIOSIS ORTHOTIC&ACCESSORY PADS	BCNA|MAPPO|HMO|PPO*	Northwood		
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	BCNA|MAPPO|HMO|PPO*	Northwood		
L1040	ADD CTLSO/SCOLIOSIS ORTHOSIS LUMB/LUMB RIB PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOTIC ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L1220	ADDITION TO TLSO ANTERIOR THORACIC EXTENSION	BCNA|MAPPO|HMO|PPO*	Northwood		
L1300	OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L1310	OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	BCNA|MAPPO|HMO|PPO*	Northwood		
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L1686	HIP ORTHOT ABDUCT CNTRL POSTOP HIP PRFAB-FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOT PRFB W/FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L1700	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L1710	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1812	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
L1832	KNEE ORTHOSIS IMMOBLIZER ADJUSTABLE JOINT PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1833	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1843	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L1845	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L1851	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L1852	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF	BCNA|MAPPO|HMO|PPO*	Northwood		
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1906	ANK FT ORTHOS MX-LIG ANK SUPT PREFB OFF SHELF	BCNA|MAPPO|HMO|PPO*	Northwood		
L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L1920	AFO SINGLE UPRT W/STATIC/ADJUSTBL STOP CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1930	ANKLE FOOT ORTHOTIC PLASTIC/OTH MATL PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1932	AFO RIGD ANT TIBL TOT CARB FIBER/EQUL MATL PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	BCNA|MAPPO|HMO|PPO*	Northwood		
L1940	ANK FT ORTHOTIC PLASTIC/OTH MATERIAL CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1951	ANK FT ORTHOT SPIRAL PLSTC/OTH MATL PRFAB W/FIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L1971	ANK FT ORTHOTIC PLSTC/OTH MATL W/ANK JNT PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L2005	KAFO ANY MATL AUTO LOCK&SWNG RLSE W/ANK JNT CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L2006	KNEE ANKLE FOOT DEVICE ANY MATERIAL SINGL OR DOUBLE UPRIGHT SWINGAND/OR STANCE PHASE MICROPROCESSOR CONTROL W/ ADJUSTABILITY, INCLUDES ALL COMPONENTS CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L2010	KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2020	KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2030	KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L2134	KAFO FEM FX CAST ORTHOT SEMI-RIGD PRFAB FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L2136	KAFO FEM FX CAST ORTHOTIC RIGD PRFAB W/FIT & ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L2200	ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2210	ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2220	ADD LW EXTRM DORSIFLX&PLANTR ASST/RSIST EA JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2026
L2232	ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L2250	ADD LOW EXTREM FT PLATE MOLD PT MDL STIRUP ATTCH	BCNA|MAPPO|HMO|PPO*	Northwood		
L2265	ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP	BCNA|MAPPO|HMO|PPO*	Northwood		
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP PAD/LINE PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
L2275	ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/LN	BCNA|MAPPO|HMO|PPO*	Northwood		
L2280	ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2330	ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOTIC ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L2340	ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L2360	ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK	BCNA|MAPPO|HMO|PPO*	Northwood		
L2385	ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2387	ADD LW EXT POLYCENTRIC KNEE JNT CSTM KAFO EA JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2390	ADDITION LOWER EXTREM OFFSET KNEE JOINT EA JOINT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2397	ADDITION LOWER EXTREM ORTHOTIC SUSPENSION SLEEVE	BCNA|MAPPO|HMO|PPO*	Northwood		
L2405	ADDITION TO KNEE JOINT DROP LOCK EACH	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L2415	ADD KNEE LOCK W/INTEGRATED RLSE MECH MATL EA JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2425	ADD KNEE JNT DISC/DIAL LOCK ADJ KNEE FLX EA JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2430	ADD KNEE JNT RATCHET LOCK KNEE EXT EA JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2510	ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM MOLD PT	BCNA|MAPPO|HMO|PPO*	Northwood		
L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L2610	ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR LOCK	BCNA|MAPPO|HMO|PPO*	Northwood		
L2624	ADD LW EXTRM PELV HIP JNT ADJ FLX EXT ABDUCT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT&CABLES	BCNA|MAPPO|HMO|PPO*	Northwood		
L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT&CABLES	BCNA|MAPPO|HMO|PPO*	Northwood		
L2640	ADDITION LOW EXTREM PELV CONTROL BAND & BELT BIL	BCNA|MAPPO|HMO|PPO*	Northwood		
L2755	ADD LOW EXT ORTHOTIC HYBRID COMPOS PER SEG CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L2780	ADD LOW EXTREM ORTHOTIC NONCORROSIVE FINISH BAR	BCNA|MAPPO|HMO|PPO*	Northwood		
L2785	ADDITION LOW EXTREM ORTHOTIC DROP LOCK RETAIN EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L2795	ADD LOW EXTREM ORTHOTIC KNEE CNTRL FULL KNEECAP	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L2800	ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L2810	ADD LOW EXTREM ORTHOTIC KNEE CONTROL CONDYLR PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
L2820	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L2830	ADD LW EXT ORTHOTIC SOFT INTERFCE MOLD ABVE KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L2861	ADD LOW EXT JOINT KNEE/ANK CSTM FAB ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3002	FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQUL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3010	FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3020	FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3030	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORTHOT HI STRGTH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3040	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3060	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L3161	Foot, adductus positioning device, adjustable	BCNA|MAPPO|HMO|PPO*	Northwood		
L3170	FOOT PLASTIC SILCONE HEEL STABILIZER PREFAB EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3216	ORTHOPEDIC FOOTWEAR LADIES SHOE DEPTH INLAY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3221	ORTHOPEDIC FOOTWEAR MENS SHOE DEPTH INLAY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3224	ORTHOPEDIC FOOTWEAR WOMAN SHOE OXFRD PART BRACE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3225	ORTHOPEDIC FOOTWEAR MAN SHOE OXFORD PART BRACE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3230	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3257	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3260	SURGICAL BOOT/SHOE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3265	PLASTAZOTE SANDAL EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3300	LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3310	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3330	LIFT ELEVATION METAL EXTENSION	BCNA|MAPPO|HMO|PPO*	Northwood		
L3332	LIFT ELEV INSIDE SHOE TAPERED UP ONE-HALF INCH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3334	LIFT ELEVATION HEEL PER INCH	BCNA|MAPPO|HMO|PPO*	Northwood		
L3350	HEEL WEDGE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3360	SOLE WEDGE OUTSIDE SOLE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3370	SOLE WEDGE BETWEEN SOLE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L3390	OUTFLARE WEDGE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3400	METATARSAL BAR WEDGE ROCKER	BCNA|MAPPO|HMO|PPO*	Northwood		
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	BCNA|MAPPO|HMO|PPO*	Northwood		
L3620	TRANS ORTHOS 1 SHOE-ANOTHER SLD STIRRUP EXISTING	BCNA|MAPPO|HMO|PPO*	Northwood		
L3630	TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW	BCNA|MAPPO|HMO|PPO*	Northwood		
L3649	ORTHOPED SHOE MODIFICATION ADDITION/TRANSFER NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
L3650	SHOULDER ORTHOSIS FIG 8 ABDUCT RESTRAINER PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3660	SHOULDER ORTHOSIS FIG 8 CANVAS WEBBING PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3670	SHOULDER ORTHOSIS ACROMIO/CLAVICULAR PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3671	SHOULDER ORTHOTIC JOINT DESIGN W/O JNTS CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L3674	SHOULDER ORTHOTIC ABDUCT PSTN THOR COMP CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L3677	SHOULDER ORTHOSIS JNT DSGN NO JNTS PREFAB CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L3702	ELBOW ORTHOTIC W/O JOINTS CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3710	ELBOW ORTHOSIS ELASTIC W/METAL JOINTS PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L3730	EO DBL UPRT W/CUFF EXT/FLX ASST CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3740	EO DBL UPRT W/CUFF ADJ LOCK W/ACTV CNTRL CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L3760	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB ITEM	BCNA|MAPPO|HMO|PPO*	Northwood		
L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	BCNA|MAPPO|HMO|PPO*	Northwood		
L3762	ELBOW ORTHOSIS RIGID W/O JOINT PREFAB OFF SHELF	BCNA|MAPPO|HMO|PPO*	Northwood		
L3763	EWHO RIGID W/O JOINTS CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3765	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3766	EWHFO INCL 1/MORE NONTORSION JOINTS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3806	WHFO CUSTOM FABRICATED INCL FITTING & ADJUSTMENT	BCNA|MAPPO|HMO|PPO*	Northwood		
L3807	WRIST HAND FINGR ORTHOS W/O JNT PREFAB CSTM FIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L3808	WRIST HAND FINGER ORTHOTIC RIGID W/O JNT; CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
L3809	WRIST HAND FINGER W/O JOINT PREFAB ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
L3891	ADD UP EXT JNT WRIST/ELB CSTM FAB ORTHOT ONLY EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3905	WHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3906	WHO W/O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3912	HAND FINGER ORTHOSIS FLEX GLOV FINGR CNTRL PRFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3913	HAND FINGER ORTHOTIC W/O JOINTS CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3916	WRIST HAND ORTHOSIS 1/> NONTORSION JOINT PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3923	HAND FINGER ORTHOSIS W/O JOINT PREFAB CUSTOM FIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3925	FINGER ORTHOSIS PIP/DIP NONTORSION JOINT PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3927	FINGER ORTHOSIS PIP/DIP W/O JOINT PREFABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3931	WHFO PREFABRICATED INCL FITTING & ADJUSTMENT	BCNA|MAPPO|HMO|PPO*	Northwood		
L3933	FINGER ORTHOTIC W/O JOINTS CUSTOM FABRICATED	BCNA|MAPPO|HMO|PPO*	Northwood		
L3960	SEWHO ABDUCT PSTN AIRPLANE DESN PREFAB W/FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L3961	SEWHO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3967	SEWHO ABDUCTION POSITIONING W/O JOINTS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3973	SEWHO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3975	SEWHFO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3976	SEWHFO ABDUCT PSTN THOR CMPNT W/O JOINTS CUS FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3978	SEWHFO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L3980	UP EXTREM FX ORTHOTIC HUM PREFABR INCL FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L3981	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREF STRAPS	BCNA|MAPPO|HMO|PPO*	Northwood		
L3982	UP EXTRM FX ORTHOT RADUS/ULNAR PREFAB W/FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L3984	UP EXTREM FX ORTHOTIC WRST PREFAB INCL FIT&ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L3995	ADD UPPER EXTREM ORTHOTIC SOCK FRACTURE/EQUAL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L4002	REPL STRAP ANY ORTHOTIC ALL CMPNTS ANY LEN TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
L4020	REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L4205	REPAIR ORTHOTIC DEVC LABOR COMPONENT PER 15 MIN	BCNA|MAPPO|HMO|PPO*	Northwood		
L4210	REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS	BCNA|MAPPO|HMO|PPO*	Northwood		
L4396	STATIC/DYNAMIC ANK FOOT ORTHOSIS PREFAB CSTM FIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L4397	STATIC/DYNAMIC ANKL FOOT ORTHOSIS MIN AMB PREFAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	BCNA|MAPPO|HMO|PPO*	Northwood		
L5000	PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER	BCNA|MAPPO|HMO|PPO*	Northwood		
L5010	PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER	BCNA|MAPPO|HMO|PPO*	Northwood		
L5020	PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	BCNA|MAPPO|HMO|PPO*	Northwood		
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5105	BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5200	ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	BCNA|MAPPO|HMO|PPO*	Northwood		
L5210	ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L5220	ABVE KNEE SHRT PROSTH W/ARTIC ANK/FOOT DYN	BCNA|MAPPO|HMO|PPO*	Northwood		
L5230	ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5301	BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5341	SINGLE AXIS KNEE SACH FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5400	IMMED POSTSURG/ERLY FIT APPLY RIGD DRESS W/1 CHG	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5420	IMMED POSTSURG INIT RIGD DRESS 1 CHG AK/KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5460	IMMED POSTSURG APPLIC NONWT BEAR RIGD ABVE KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5500	INIT BELW KNEE PTB SOCKT NON-ALIGN DIR FORMED	BCNA|MAPPO|HMO|PPO*	Northwood		
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	BCNA|MAPPO|HMO|PPO*	Northwood		
L5510	PREP BELW KNEE PTB SOCKT NON-ALIGN MOLD MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=DIR FORM	BCNA|MAPPO|HMO|PPO*	Northwood		
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	BCNA|MAPPO|HMO|PPO*	Northwood		
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/=DIR FORMED	BCNA|MAPPO|HMO|PPO*	Northwood		
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SCKT MOLD	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD	BCNA|MAPPO|HMO|PPO*	Northwood		
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	BCNA|MAPPO|HMO|PPO*	Northwood		
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5613	ADD LW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5614	ADD LW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	BCNA|MAPPO|HMO|PPO*	Northwood		
L5616	ADD LW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5618	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	BCNA|MAPPO|HMO|PPO*	Northwood		
L5620	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5624	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5629	ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L5631	ADD LW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5632	ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKT	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5637	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CNTC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	BCNA|MAPPO|HMO|PPO*	Northwood		
L5645	ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME	BCNA|MAPPO|HMO|PPO*	Northwood		
L5646	ADD LOW EXT BELOW KNEE AIR FL GEL/= CUSHN SOCKT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5647	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L5650	ADD LW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	BCNA|MAPPO|HMO|PPO*	Northwood		
L5652	ADD LW EXT SUCTN SUSP ABVE KNEE/KNEE DISARTIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5655	ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	BCNA|MAPPO|HMO|PPO*	Northwood		
L5668	ADDITION LOW EXTREM BELOW KNEE MOLDED DIST CUSHN	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5670	ADD LOW EXTREM BELW KNEE MOLD SUPRACONDYLR SUSP	BCNA|MAPPO|HMO|PPO*	Northwood		
L5671	ADD LW EXTRM BELW/ABVE KNEE SUSP LOCK MECH	BCNA|MAPPO|HMO|PPO*	Northwood		
L5673	ADD LW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH	BCNA|MAPPO|HMO|PPO*	Northwood		
L5679	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH	BCNA|MAPPO|HMO|PPO*	Northwood		
L5680	ADD LOW EXTREM BELOW KNEE THIGH LACER NONMOLDED	BCNA|MAPPO|HMO|PPO*	Northwood		
L5681	ADD LW EXT CSTM INSRT CNGN/ATYP TRAUMAT AMP INIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5683	ADD LW EXT CSTM INSRT NO CNGN/TRAUMAT AMP INIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5685	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L5688	ADD LOW EXTREM BELOW KNEE WAIST BELT WEBBING	BCNA|MAPPO|HMO|PPO*	Northwood		
L5694	ADD LOW EXTREM ABVE KNEE PELV CNTRL BELT PADD&LN	BCNA|MAPPO|HMO|PPO*	Northwood		
L5695	ADD LW EXTRM ABVE KNEE PELV CNTRL SLV NEOPRENE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5698	ADD LW EXTRM AK/KNEE DISRTC SILESIAN BANDGE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5700	REPLACEMENT SOCKET BELOW KNEE MOLDED PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5701	REPL SOCKT ABVE KNEE/KNEE DISARTIC W/ATTCH PLAT	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L5704	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5812	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	BCNA|MAPPO|HMO|PPO*	Northwood		
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	BCNA|MAPPO|HMO|PPO*	Northwood		
L5818	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	BCNA|MAPPO|HMO|PPO*	Northwood		
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	BCNA|MAPPO|HMO|PPO*	Northwood		
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2024
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	BCNA|MAPPO|HMO|PPO*	Northwood		
L5850	ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST	BCNA|MAPPO|HMO|PPO*	Northwood		
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX/EXT ANY MOTOR	BCNA|MAPPO|HMO|PPO*	Northwood		
L5910	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
L5920	ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
L5925	ADD ENDOSKEL AK-DISARTIC/HIP DISARTIC MNL LOCK	BCNA|MAPPO|HMO|PPO*	Northwood		
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	BCNA|MAPPO|HMO|PPO*	Northwood		
L5940	ADD ENDOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5950	ADD ENDOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5960	ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5962	ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING	BCNA|MAPPO|HMO|PPO*	Northwood		
L5964	ADD ENDOSKEL AK FLXIBLE PROTVE OUTR SURF COVR	BCNA|MAPPO|HMO|PPO*	Northwood		
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	BCNA|MAPPO|HMO|PPO*	Northwood		
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	BCNA|MAPPO|HMO|PPO*	Northwood		
L5972	ALL LOWER EXTREMITY PROSTHESES FOOT FLEX KEEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	BCNA|MAPPO|HMO|PPO*	Northwood		
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	BCNA|MAPPO|HMO|PPO*	Northwood		
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	BCNA|MAPPO|HMO|PPO*	Northwood		
L5982	ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5984	ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ	BCNA|MAPPO|HMO|PPO*	Northwood		
L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	BCNA|MAPPO|HMO|PPO*	Northwood		
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	BCNA|MAPPO|HMO|PPO*	Northwood		
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	BCNA|MAPPO|HMO|PPO*	Northwood		
L5992	All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only	BCNA|MAPPO|HMO|PPO*	Northwood		4/1/2026
L5999	LOWER EXTREMITY PROSTHESIS NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6000	PARTIAL HAND THUMB REMAINING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6010	PARTIAL HAND LITTLE & OR RING FINGER REMAINING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6020	PARTIAL HAND NO FINGER REMAINING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6026	TRANSCARPAL/MC/PART HAND DISARTICULATION PROS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	BCNA|MAPPO|HMO|PPO*	Northwood		
L6030	Upper extremity addition, external frame, partial hand including fingers	BCNA|MAPPO|HMO|PPO*	Northwood		
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	BCNA|MAPPO|HMO|PPO*	Northwood		
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	BCNA|MAPPO|HMO|PPO*	Northwood		
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	BCNA|MAPPO|HMO|PPO*	Northwood		
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	BCNA|MAPPO|HMO|PPO*	Northwood		
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	BCNA|MAPPO|HMO|PPO*	Northwood		
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	BCNA|MAPPO|HMO|PPO*	Northwood		
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb	BCNA|MAPPO|HMO|PPO*	Northwood		
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	BCNA|MAPPO|HMO|PPO*	Northwood		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	BCNA|MAPPO|HMO|PPO*	Northwood		
L6110	BELOW ELBOW MOLDED SOCKET	BCNA|MAPPO|HMO|PPO*	Northwood		
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	BCNA|MAPPO|HMO|PPO*	Northwood		
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	BCNA|MAPPO|HMO|PPO*	Northwood		
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	BCNA|MAPPO|HMO|PPO*	Northwood		
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6350	INTERSCAP THOR HUM SECT INTRL LOCK ELB FORARM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	BCNA|MAPPO|HMO|PPO*	Northwood		
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	BCNA|MAPPO|HMO|PPO*	Northwood		
L6380	IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DISRTC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6382	IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6384	IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DISRTC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	BCNA|MAPPO|HMO|PPO*	Northwood		
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	BCNA|MAPPO|HMO|PPO*	Northwood		
L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	BCNA|MAPPO|HMO|PPO*	Northwood		
L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	BCNA|MAPPO|HMO|PPO*	Northwood		
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	BCNA|MAPPO|HMO|PPO*	Northwood		
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6616	UP EXTREM ADD DISCNCT INSERT LOCK WRST U EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L6620	UPPER EXT ADD FLEX/EXT WRIST UNIT W/WO FRICTION	BCNA|MAPPO|HMO|PPO*	Northwood		
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	BCNA|MAPPO|HMO|PPO*	Northwood		
L6623	UP EXT ADD SPRNG ASST ROTATL WRST U W/LATCH RLSE	BCNA|MAPPO|HMO|PPO*	Northwood		
L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L6630	UPPER EXTREM ADDITION STAINLESS STEEL ANY WRIST	BCNA|MAPPO|HMO|PPO*	Northwood		
L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	BCNA|MAPPO|HMO|PPO*	Northwood		
L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	BCNA|MAPPO|HMO|PPO*	Northwood		
L6660	UPPER EXTREM ADDITION HEAVY DUTY CONTROL CABLE	BCNA|MAPPO|HMO|PPO*	Northwood		
L6672	UPPER EXTREM ADD HARNESS CHST/SHLUPPER EXTREM AD	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6675	UPPER EXTREMITY ADD HARNESS SINGLE CABLE DESIGN	BCNA|MAPPO|HMO|PPO*	Northwood		
L6680	UP EXTREM ADD TST SOCKT WRST DISARTIC/BELW ELB	BCNA|MAPPO|HMO|PPO*	Northwood		
L6687	UP EXTRM ADD FRME TYPE SCKT BELW ELB/WRST DISRTC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6691	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	BCNA|MAPPO|HMO|PPO*	Northwood		
L6694	ADD UP EXT PROS BELW/ABVE ELB CSTM W/LOCK MECH	BCNA|MAPPO|HMO|PPO*	Northwood		
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	BCNA|MAPPO|HMO|PPO*	Northwood		
L6704	TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L6706	TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	BCNA|MAPPO|HMO|PPO*	Northwood		
L6711	TERM DVC HOOK MECH VOL OPN ANY MATL ANY SZ PED	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	BCNA|MAPPO|HMO|PPO*	Northwood		
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	BCNA|MAPPO|HMO|PPO*	Northwood		
L6714	TERM DEVC HAND MECH VOL CLOS ANY MATL ANY SZ PED	BCNA|MAPPO|HMO|PPO*	Northwood		
L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	BCNA|MAPPO|HMO|PPO*	Northwood		
L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	BCNA|MAPPO|HMO|PPO*	Northwood		
L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	BCNA|MAPPO|HMO|PPO*	Northwood		
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	BCNA|MAPPO|HMO|PPO*	Northwood		
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6883	REPL SOCKET BE/WD MOLDED TO PATIENT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L6884	REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT	BCNA|MAPPO|HMO|PPO*	Northwood		
L6885	REPL SOCKET SD/INTERSCAPULAR THOR MOLD PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L6895	ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	BCNA|MAPPO|HMO|PPO*	Northwood		
L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	BCNA|MAPPO|HMO|PPO*	Northwood		
L6920	WRST DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6925	WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6940	ELB DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6945	ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6950	ABVE ELB OTTO BOCK/=SWITCH CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6960	SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6965	SHLDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM	BCNA|MAPPO|HMO|PPO*	Northwood		
L6970	INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	BCNA|MAPPO|HMO|PPO*	Northwood		
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	BCNA|MAPPO|HMO|PPO*	Northwood		
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	BCNA|MAPPO|HMO|PPO*	Northwood		
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	BCNA|MAPPO|HMO|PPO*	Northwood		
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	BCNA|MAPPO|HMO|PPO*	Northwood		
L7180	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB&TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7190	ELEC ELB ADOLES VRITY VILLAGE/= MYOELEC CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7191	ELEC ELB CHLD VRITY VILL/= MYOELECTRNICALY CNTRL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
L7366	BATTERY CHARGER TWELVE VOLT EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L7367	LITHIUM ION BATTERY RECHARGEABLE REPLACEMENT	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L7400	ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7401	ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7403	ADD UP EXTREM PROS BE/WRIST DISART ACRYLIC MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7404	ADD UP EXTREM PROS ABOVE ELB DISART ACRYLIC MATL	BCNA|MAPPO|HMO|PPO*	Northwood		
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	BCNA|MAPPO|HMO|PPO*	Northwood		
L7499	UPPER EXTREMITY PROSTHESIS NOS	BCNA|MAPPO|HMO|PPO*	Northwood		
L7510	REPR PROSTHETIC DEVICE REPR/REPLACE MINOR PARTS	BCNA|MAPPO|HMO|PPO*	Northwood		
L7520	REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN	BCNA|MAPPO|HMO|PPO*	Northwood		
L7700	GASKET/SEAL USE PROS SOCKET INSERT ANY TYPE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L7900	MALE VACUUM ERECTION SYSTEM	BCNA|MAPPO|HMO|PPO*	Northwood		
L8000	BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM	BCNA|MAPPO|HMO|PPO*	Northwood		
L8001	BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI	BCNA|MAPPO|HMO|PPO*	Northwood		
L8010	Breast prosthesis, mastectomy sleeve	BCNA|MAPPO|HMO|PPO*	Northwood		
L8015	EXT BRST PROS GARMNT W/MASTECT FORM POST-MASTECT	BCNA|MAPPO|HMO|PPO*	Northwood		
L8020	BREAST PROSTHESIS MASTECTOMY FORM	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L8030	BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES	BCNA|MAPPO|HMO|PPO*	Northwood		
L8032	NIPPLE PROSTHESIS PREFABRICATED REUSABLE ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8033	NIPPLE PROSTHESIS CUSTOM FABRICATED REUSABLE ANY TYPE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8035	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL	BCNA|MAPPO|HMO|PPO*	Northwood		
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
L8040	NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8041	MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8042	ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8043	UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8044	HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8045	AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8046	PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8047	NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8048	UNS MAXILLOFCE PROSTH BR PROVIDED NON-PHYSICIAN	BCNA|MAPPO|HMO|PPO*	Northwood		
L8310	TRUSS DOUBLE WITH STANDARD PADS	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8417	PROSTH SHEATH/SOCK W/GEL CUSHN LAY BK/AK EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L8420	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8430	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	BCNA|MAPPO|HMO|PPO*	Northwood		
L8470	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L8480	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L8485	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EA	BCNA|MAPPO|HMO|PPO*	Northwood		
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	BCNA|MAPPO|HMO|PPO*	Northwood		
L8500	ARTIFICIAL LARYNX ANY TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
L8501	TRACHEOSTOMY SPEAKING VALVE	BCNA|MAPPO|HMO|PPO*	Northwood		
L8510	Voice amplifier	HMO	Not Covered	See Footnote 10	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	BCNA|HMO	e-referral		
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	BCNA|HMO	e-referral		
L8679	Implantable neurostimulator, pulse generator, any type	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8680	Implantable Neurostimulator Electrode, Each	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8682	Implantable neurostimulator radiofrequency receiver	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	BCNA|MAPPO|HMO|PPO*	TurningPoint		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes includes extension	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	HMO	e-referral		
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	BCNA|MAPPO|HMO|PPO*	TurningPoint		
L8701	Powered upper extremity range of motion assist dev	BCNA|MAPPO|HMO|PPO*	Northwood		
L8702	Powered upper extremity range of motion assist dev	BCNA|MAPPO|HMO|PPO*	Northwood		
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024
L8721	Receptor sole for use with l8720, replacement, each	BCNA|MAPPO|HMO|PPO*	Northwood		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
L9900	ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE	BCNA|MAPPO|HMO|PPO*	Northwood		
M0075	Cellular Therapy	BCNA|HMO	e-referral		
M0076	Prolotherapy	BCNA|HMO	e-referral		
M0300	Iv Chelation Therapy (Chemical Endarterectomy)	BCNA|HMO	e-referral		
M1371	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	HMO	Not Covered	See Footnote 10	1/1/2025
M1372	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	HMO	Not Covered	See Footnote 10	1/1/2025
M1373	Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	HMO	Not Covered	See Footnote 10	1/1/2025
M1374	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1375	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1376	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient	HMO	Not Covered	See Footnote 10	1/1/2025
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons)	HMO	Not Covered	See Footnote 10	1/1/2025
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	HMO	Not Covered	See Footnote 10	1/1/2025
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	HMO	Not Covered	See Footnote 10	1/1/2025
M1382	Patient encounter during the performance period with place of service code 11	HMO	Not Covered	See Footnote 10	1/1/2025
M1383	Acute pvd	HMO	Not Covered	See Footnote 10	1/1/2025
M1384	Patients who died during the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1385	Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up	HMO	Not Covered	See Footnote 10	1/1/2025
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1387	Patients who died during the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1388	Patients with documentation of an exam performed for recurrence of melanoma	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	HMO	Not Covered	See Footnote 10	1/1/2025
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1394	Stages i-iii breast cancer	HMO	Not Covered	See Footnote 10	1/1/2025
M1395	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	HMO	Not Covered	See Footnote 10	1/1/2025
M1396	Patients on a therapeutic clinical trial	HMO	Not Covered	See Footnote 10	1/1/2025
M1397	Patients with recurrence/disease progression	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1398	Patients with baseline and follow-up promis surveys documented in the medical record	HMO	Not Covered	See Footnote 10	1/1/2025
M1399	Patients who leave the practice during the follow-up period	HMO	Not Covered	See Footnote 10	1/1/2025
M1400	Patients who died during the follow-up period	HMO	Not Covered	See Footnote 10	1/1/2025
M1401	Stages i-iii breast cancer	HMO	Not Covered	See Footnote 10	1/1/2025
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	HMO	Not Covered	See Footnote 10	1/1/2025
M1403	Patients with baseline and follow-up promis surveys documented in the medical record	HMO	Not Covered	See Footnote 10	1/1/2025
M1404	Patients on a therapeutic clinical trial	HMO	Not Covered	See Footnote 10	1/1/2025
M1405	Patients with recurrence/disease progression	HMO	Not Covered	See Footnote 10	1/1/2025
M1406	Patients who leave the practice during the follow-up period	HMO	Not Covered	See Footnote 10	1/1/2025
M1407	Patients who died during the follow-up period	HMO	Not Covered	See Footnote 10	1/1/2025
M1408	Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1409	Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	HMO	Not Covered	See Footnote 10	1/1/2025
M1410	Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	HMO	Not Covered	See Footnote 10	1/1/2025
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	HMO	Not Covered	See Footnote 10	1/1/2025
M1412	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	HMO	Not Covered	See Footnote 10	1/1/2025
M1413	Patients who had a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1414	Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)	HMO	Not Covered	See Footnote 10	1/1/2025
M1415	Patients who did not have a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	HMO	Not Covered	See Footnote 10	1/1/2025
M1416	Patient received hospice services any time during the performance period	HMO	Not Covered	See Footnote 10	1/1/2025
M1417	Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	HMO	Not Covered	See Footnote 10	1/1/2025
M1418	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician	HMO	Not Covered	See Footnote 10	1/1/2025
M1419	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	HMO	Not Covered	See Footnote 10	1/1/2025

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1420	Complete ophthalmologic care mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2025
M1421	Dermatological care mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2025
M1422	Gastroenterology care mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2025
M1423	Optimal care for patients with urologic conditions mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2025
M1424	Pulmonology care mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2025
M1425	Surgical care mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2025
M1426	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1427	Documentation of medical reason(s) for performing a bone scan (including documented pain related to prostate cancer, salvage therapy, other medical reasons)	HMO	Not Covered	See Footnote 10	1/1/2026
M1428	Patients who have bilateral absence of eyes any time during the patient's history through the end of the measurement period	HMO	Not Covered	See Footnote 10	1/1/2026
M1429	Retinal exam finding with evidence of retinopathy in left, right or both eyes with severity level documented	HMO	Not Covered	See Footnote 10	1/1/2026
M1430	Retinal exam finding without evidence of retinopathy in both eyes with severity level documented (in measurement year or in the prior year)	HMO	Not Covered	See Footnote 10	1/1/2026
M1431	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1432	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1433	Patient on oral chemotherapy on or within 30 days before denominator eligible encounter	HMO	Not Covered	See Footnote 10	1/1/2026
M1434	Patient on oral chemotherapy on or within 30 days after denominator eligible encounter	HMO	Not Covered	See Footnote 10	1/1/2026
M1435	Patient on oral chemotherapy during the performance period	HMO	Not Covered	See Footnote 10	1/1/2026
M1436	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1437	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1438	Time last known well to hospital arrival less than or equal to 3.5 hours (<= 210 minutes)	HMO	Not Covered	See Footnote 10	1/1/2026
M1439	Significant ocular conditions that impact the visual outcome of surgery	HMO	Not Covered	See Footnote 10	1/1/2026
M1440	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1441	Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient	HMO	Not Covered	See Footnote 10	1/1/2026
M1442	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1443	Encounters conducted via telehealth	HMO	Not Covered	See Footnote 10	1/1/2026
M1444	Delivery at < 39 weeks of gestation	HMO	Not Covered	See Footnote 10	1/1/2026
M1445	Postpartum care visit before or at 12 weeks of giving birth	HMO	Not Covered	See Footnote 10	1/1/2026
M1446	Patients who died any time prior to the end of the measure assessment period	HMO	Not Covered	See Footnote 10	1/1/2026
M1447	Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1448	Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period	HMO	Not Covered	See Footnote 10	1/1/2026
M1449	Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period	HMO	Not Covered	See Footnote 10	1/1/2026
M1450	Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period	HMO	Not Covered	See Footnote 10	1/1/2026
M1451	Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period	HMO	Not Covered	See Footnote 10	1/1/2026
M1452	Patient ever had a diagnosis of dementia	HMO	Not Covered	See Footnote 10	1/1/2026
M1453	Patients with a pre-operative visual acuity better than 20/40	HMO	Not Covered	See Footnote 10	1/1/2026
M1454	New cied	HMO	Not Covered	See Footnote 10	1/1/2026
M1455	Replaced or revised cied	HMO	Not Covered	See Footnote 10	1/1/2026
M1456	Patient had a heart transplant	HMO	Not Covered	See Footnote 10	1/1/2026
M1457	Patient had a diagnosis of asthma with any contact during the current or prior performance period or had asthma present on an active problem list any time during the performance period	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1458	Patient died prior to the end of the performance period	HMO	Not Covered	See Footnote 10	1/1/2026
M1459	Patient was in hospice or receiving palliative care services at any time during the performance period	HMO	Not Covered	See Footnote 10	1/1/2026
M1460	Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure	HMO	Not Covered	See Footnote 10	1/1/2026
M1461	Patient diagnosis for chronic hepatitis c	HMO	Not Covered	See Footnote 10	1/1/2026
M1462	Patients with clinical indications for imaging of the head	HMO	Not Covered	See Footnote 10	1/1/2026
M1463	Documentation of at least two attempts to follow up with patient within 180 days of treatment	HMO	Not Covered	See Footnote 10	1/1/2026
M1464	No documentation of at least two attempts to follow up with patient within 180 days of treatment	HMO	Not Covered	See Footnote 10	1/1/2026
M1465	Patient follow up more than 180 days after treatment	HMO	Not Covered	See Footnote 10	1/1/2026
M1466	Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure	HMO	Not Covered	See Footnote 10	1/1/2026
M1467	Patients with an existing diagnosis of lynch syndrome	HMO	Not Covered	See Footnote 10	1/1/2026
M1468	Patient received recommended doses of hepatitis b vaccination based on age	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1469	Patient has a history of hepatitis b illness or received a hepatitis b surface antigen, hepatitis b surface antibody, or total antibody to hepatitis b core antigen test with a positive result any time before or during the measurement period	HMO	Not Covered	See Footnote 10	1/1/2026
M1470	Documentation of medical reason(s) for not administering hepatitis b vaccine (e.g., prior anaphylaxis due to the hepatitis b vaccine)	HMO	Not Covered	See Footnote 10	1/1/2026
M1471	Documentation that patient is a medicare fee-for-service beneficiary and without additional supplementary insurance coverage for whom hep b vaccination is not reimbursable under current medicare part b coverage rules	HMO	Not Covered	See Footnote 10	1/1/2026
M1472	Patient did not receive recommended doses of hepatitis b vaccination based on age	HMO	Not Covered	See Footnote 10	1/1/2026
M1473	Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools, such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1474	Patients with diagnosis of dementia	HMO	Not Covered	See Footnote 10	1/1/2026
M1475	Patients with diagnosis of huntington's disease	HMO	Not Covered	See Footnote 10	1/1/2026
M1476	Patients with diagnosis of cognitive impairment or alzheimer's disease	HMO	Not Covered	See Footnote 10	1/1/2026
M1477	Diagnosis of delirium	HMO	Not Covered	See Footnote 10	1/1/2026
M1478	Psychoactive substance abuse	HMO	Not Covered	See Footnote 10	1/1/2026
M1479	Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders	HMO	Not Covered	See Footnote 10	1/1/2026
M1480	Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders	HMO	Not Covered	See Footnote 10	1/1/2026
M1481	Patients receiving hospice or palliative care or who died during the measurement period	HMO	Not Covered	See Footnote 10	1/1/2026
M1482	Positive/detectable hepatitis c virus quantitative or qualitative rna test result during the denominator identification period	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1483	Patients who achieve sustained virological response as identified by an hcv rna test (cpt 87522) or (cpt 87521) with a negative/undetectable hcv rna result that occurred 20 weeks to 12 months after the first positive/detectable hcv rna test result within the denominator identification period	HMO	Not Covered	See Footnote 10	1/1/2026
M1484	Patients who did not have a repeat hcv rna labs performed for medical reasons documented by clinician (e.g., patient with limited life expectancy, delay in treatment of hcv related to treatment of hiv, hbv, hepatocellular carcinoma, decompensated cirrhosis)	HMO	Not Covered	See Footnote 10	1/1/2026
M1485	Patients who did not achieve sustained virological response as identified by an hcv rna test (cpt 87522) or (cpt 87521) with a negative/undetectable hcv rna result that occurred 20 weeks to 12 months after the first positive/detectable hcv rna test result within the denominator identification period	HMO	Not Covered	See Footnote 10	1/1/2026
M1486	Patients admitted to a skilled nursing facility (snf) during the period of evaluation	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1487	Patients in hospice in the year before or during the period of evaluation	HMO	Not Covered	See Footnote 10	1/1/2026
M1488	Patients with a diagnosis for dementia in the year before or during the period of evaluation	HMO	Not Covered	See Footnote 10	1/1/2026
M1489	Patient status documented	HMO	Not Covered	See Footnote 10	1/1/2026
M1490	Patient status not documented	HMO	Not Covered	See Footnote 10	1/1/2026
M1491	Receiving esrd mcp dialysis services by the provider during the performance period	HMO	Not Covered	See Footnote 10	1/1/2026
M1492	Patients who did not report a fall	HMO	Not Covered	See Footnote 10	1/1/2026
M1493	Documentation of falls not performed due to medical reasons (e.g., syncope, vertigo and related disorders, restless leg syndrome, tourette syndrome/tic disorder, back pain, concussion/mild traumatic brain injury (mtbi), cervical dystonia, or epilepsy)	HMO	Not Covered	See Footnote 10	1/1/2026
M1494	Patients that reported a fall since the last visit	HMO	Not Covered	See Footnote 10	1/1/2026
M1495	Patients that reported a fall occurred who had a plan of care for falls documented or patients that did not report a fall	HMO	Not Covered	See Footnote 10	1/1/2026
M1496	Patients that had a fall who did not have a plan of care for falls documented or do not have documentation of being assessed for falls	HMO	Not Covered	See Footnote 10	1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
M1497	Documentation of falls not performed due to medical reasons (e.g., syncope, vertigo and related disorders, restless leg syndrome, tourette syndrome/tic disorder, back pain, concussion/mild traumatic brain injury (mtbi), cervical dystonia, or epilepsy)	HMO	Not Covered	See Footnote 10	1/1/2026
M1498	Diagnostic radiology mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2026
M1499	Interventional radiology mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2026
M1500	Neuropsychology mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2026
M1501	Pathology mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2026
M1502	Podiatry mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2026
M1503	Vascular surgery mips value pathway	HMO	Not Covered	See Footnote 10	1/1/2026
P9020	Platelet Rich Plasma, Each Unit	BCNA|HMO	e-referral		
P9027	Red blood cells, leukocytes reduced, oxygen/ carbon dioxide reduced, each unit	HMO	e-referral		10/1/2024
Q0509	MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	MAPPO|PPO*	Northwood		
Q0513	PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS	BCNA	Northwood		
Q0514	PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS	BCNA	Northwood		
Q0520	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 60-days	HMO	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	HMO	Not Covered	See Footnote 10	1/1/2025
Q2026	Injection, Radiesse, 0.1 ml	BCNA|HMO	e-referral		
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (HCPCS, Q2041)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (HCPCS, Q2042)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (HCPCS, Q2053)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose. (HCPCS, Q2054)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, p (HCPCS, Q2055)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures (HCPCS, Q2056)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q2058	Obecbtge autol up to 400 mil	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q3001	Brachytherapy Radioelements	PPO*	Carelon		
Q4050	Cast supplies, for unlisted types and materials of casts	BCNA|HMO	e-referral		
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP	BCNA|MAPPO	Blue Cross Medical and Pharmacy Drug		
Q4101	Apligraf, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4102	Oasis wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4103	Oasis burn matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4107	Graftjacket, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4108	Integra matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4110	Primatrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	HMO	e-referral		
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4112	CYMETRA, INJECTABLE, 1CC	HMO	e-referral		
Q4112	CYMETRA, INJECTABLE, 1CC	BCNA	Not Covered	See Footnote 10	
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	BCNA	Not Covered	See Footnote 10	
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	HMO	e-referral		
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4116	Alloderm, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4117	Hyalomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4118	MATRISTEM MICROMATRIX, 1 MG	BCNA	Not Covered	See Footnote 10	
Q4121	Theraskin, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	HMO	e-referral		
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	HMO	e-referral		
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4127	Talymed, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4128	Flex hd, or allopatch hd, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4130	Strattice tm, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4132	Grafix core and grafixpl core, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4134	Hmatrix, per square centimeter	HMO	e-referral		
Q4134	Hmatrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4135	Mediskin, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4136	Ez-derm, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4138	Biodfence dryflex, per square centimeter	HMO	e-referral		
Q4138	Biodfence dryflex, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	HMO	e-referral		
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	BCNA	Not Covered	See Footnote 10	
Q4140	Biodfence, per square centimeter	HMO	e-referral		
Q4140	Biodfence, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4141	Alloskin ac, per square centimeter	HMO	e-referral		
Q4141	Alloskin ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4142	Xcm biologic tissue matrix, per square centimeter	HMO	e-referral		
Q4142	Xcm biologic tissue matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4143	Repriza, per square centimeter	HMO	e-referral		
Q4143	Repriza, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4145	Epifix, injectable, 1 mg	HMO	e-referral		
Q4145	Epifix, injectable, 1 mg	BCNA	Not Covered	See Footnote 10	
Q4146	Tensix, per square centimeter	HMO	e-referral		
Q4146	Tensix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	HMO	e-referral		
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4149	Excellagen, 0.1 cc	BCNA	Not Covered	See Footnote 10	
Q4150	Allowrap ds or dry, per square centimeter	HMO	e-referral		
Q4150	Allowrap ds or dry, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4151	Amnioband or guardian, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4152	Dermapure, per square centimeter	HMO	e-referral		
Q4152	Dermapure, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4153	Dermavest and plurivest, per square centimeter	HMO	e-referral		
Q4153	Dermavest and plurivest, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4154	Biovance, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4155	Neoxflo or clarixflo, 1 mg	HMO	e-referral		
Q4155	Neoxflo or clarixflo, 1 mg	BCNA	Not Covered	See Footnote 10	
Q4156	Neox 100 or clarix 100, per square centimeter	HMO	e-referral		
Q4156	Neox 100 or clarix 100, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4157	Revitalon, per square centimeter	HMO	e-referral		
Q4157	Revitalon, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4158	Kerecis omega3, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4159	Affinity, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4160	Nushield, per square centimeter	BCNA|HMO	e-referral		
Q4161	Bio-connekt wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4162	Woundex flow, bioskin flow, 0.5 cc	HMO	e-referral		
Q4162	Woundex flow, bioskin flow, 0.5 cc	BCNA	Not Covered	See Footnote 10	
Q4163	Woundex, bioskin, per square centimeter	HMO	e-referral		
Q4163	Woundex, bioskin, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4164	Helicoll, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4165	Keramatrix or kerasorb, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4166	Cytal, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4167	Truskin, per square centimeter	HMO	e-referral		
Q4167	Truskin, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4168	Amnioband, 1 mg	HMO	e-referral		
Q4168	Amnioband, 1 mg	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4169	Artacent wound, per square centimeter	HMO	e-referral		
Q4169	Artacent wound, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4170	Cygnus, per square centimeter	HMO	e-referral		
Q4170	Cygnus, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4171	Interfyl, 1 mg	HMO	e-referral		
Q4171	Interfyl, 1 mg	BCNA	Not Covered	See Footnote 10	
Q4173	Palingen or palingen xplus, per square centimeter	HMO	e-referral		
Q4173	Palingen or palingen xplus, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	HMO	e-referral		
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	BCNA	Not Covered	See Footnote 10	
Q4175	Miroderm, per square centimeter	HMO	e-referral		
Q4175	Miroderm, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4176	Neopatch or Therion, per square centimeter	HMO	e-referral		
Q4176	Neopatch or Therion, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4177	Floweramnioflo, 0.1 cc	HMO	e-referral		
Q4177	Floweramnioflo, 0.1 cc	BCNA	Not Covered	See Footnote 10	
Q4178	Floweramniopatch, per square centimeter	HMO	e-referral		
Q4178	Floweramniopatch, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4179	Flowerderm, per square centimeter	HMO	e-referral		
Q4179	Flowerderm, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4180	Revita, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4180	Revita, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4181	Amnio wound, per square centimeter	HMO	e-referral		
Q4181	Amnio wound, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4182	Transcyte, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4183	Surgigraft, per square centimeter	HMO	e-referral		
Q4183	Surgigraft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4184	Cellesta, per square centimeter	HMO	e-referral		
Q4184	Cellesta, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	HMO	e-referral		
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	BCNA	Not Covered	See Footnote 10	
Q4186	Epifix, per square centimeter	BCNA|HMO	e-referral		
Q4187	Epicord, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4188	Amnioarmor, per square centimeter	HMO	e-referral		
Q4188	Amnioarmor, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4189	Artacent ac, 1 mg	HMO	e-referral		
Q4189	Artacent ac, 1 mg	BCNA	Not Covered	See Footnote 10	
Q4190	Artacent ac, per square centimeter	HMO	e-referral		
Q4190	Artacent ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4191	Restorigin, per square centimeter	HMO	e-referral		
Q4191	Restorigin, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4192	Restorigin, 1 cc	HMO	e-referral		
Q4192	Restorigin, 1 cc	BCNA	Not Covered	See Footnote 10	
Q4193	Coll-e-derm, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4193	Coll-e-derm, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4194	NOVACHOR, PER SQUARE CENTIMETER	HMO	e-referral		10/1/2024
Q4194	Novachor, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4195	Puraply, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4196	Puraply am, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4197	Puraply xt, per square centimeter	HMO	e-referral		
Q4197	Puraply xt, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4198	GENESIS AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	HMO	e-referral		10/1/2024
Q4198	GENESIS AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4199	Cygnus matrix, per square centimeter	HMO	e-referral		
Q4199	Cygnus matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4200	Skin te, per square centimeter	HMO	e-referral		
Q4200	Skin te, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4201	MATRION, PER SQUARE CENTIMETER	HMO	e-referral		10/1/2024
Q4201	MATRION, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4202	Keroxx (2.5g/cc), 1cc	HMO	e-referral		
Q4202	Keroxx (2.5g/cc), 1cc	BCNA	Not Covered	See Footnote 10	
Q4203	Derma-gide, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	e-referral		
Q4204	XWRAP, PER SQUARE CENTIMETER	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4204	XWRAP, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4205	Membrane graft or membrane wrap, per square centimeter	HMO	e-referral		
Q4205	Membrane graft or membrane wrap, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4206	Fluid flow or fluid GF, 1 cc	HMO	e-referral		
Q4206	Fluid flow or fluid GF, 1 cc	BCNA	Not Covered	See Footnote 10	
Q4208	Novafix, per square cenitmeter	HMO	e-referral		
Q4208	Novafix, per square cenitmeter	BCNA	Not Covered	See Footnote 10	
Q4209	Surgraft, per square centimeter	HMO	e-referral		
Q4209	Surgraft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4211	Amnion bio or Axobiomembrane, per square centimeter	HMO	e-referral		
Q4211	Amnion bio or Axobiomembrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4212	Allogen, per cc	HMO	e-referral		
Q4212	Allogen, per cc	BCNA	Not Covered	See Footnote 10	
Q4213	Ascent, 0.5 mg	HMO	e-referral		
Q4213	Ascent, 0.5 mg	BCNA	Not Covered	See Footnote 10	
Q4214	Cellesta cord, per square centimeter	HMO	e-referral		
Q4214	Cellesta cord, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	HMO	e-referral		
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	BCNA	Not Covered	See Footnote 10	
Q4216	Artacent cord, per square centimeter	HMO	e-referral		
Q4216	Artacent cord, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	BCNA|HMO	e-referral		
Q4218	Surgicord, per square centimeter	HMO	e-referral		
Q4218	Surgicord, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4219	Surgigraft-dual, per square centimeter	HMO	e-referral		
Q4219	Surgigraft-dual, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4220	BellaCell HD or Surederm, per square centimeter	HMO	e-referral		
Q4220	BellaCell HD or Surederm, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4221	Amniowrap2, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4221	Amniowrap2, per square centimeter	BCNA|HMO	e-referral		
Q4222	Progenamatrix, per square centimeter	HMO	e-referral		
Q4222	Progenamatrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	HMO	e-referral		
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4225	Amniobind, per square centimeter	HMO	e-referral		
Q4225	Amniobind, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	HMO	e-referral		
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	HMO	e-referral		
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	HMO	e-referral		
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	HMO	e-referral		
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	BCNA	Not Covered	See Footnote 10	
Q4232	CORPLEX, PER SQUARE CENTIMETER	HMO	e-referral		
Q4232	CORPLEX, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	HMO	e-referral		
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	BCNA	Not Covered	See Footnote 10	
Q4234	XCELLERATE, PER SQUARE CENTIMETER	HMO	e-referral		
Q4234	XCELLERATE, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4235	AMNIOREPAIR OR ALTIPLY, PER SQUARE CENTIMETER	HMO	e-referral		
Q4235	AMNIOREPAIR OR ALTIPLY, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4236	Carepatch, per square centimeter	HMO	e-referral		
Q4236	Carepatch, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4237	CRYO-CORD, PER SQUARE CENTIMETER	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4237	CRYO-CORD, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4238	Derm-maxx, per square centimeter	HMO	e-referral		
Q4238	Derm-maxx, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER SQUARE CENTIMETER	HMO	e-referral		
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	HMO	e-referral		
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	BCNA	Not Covered	See Footnote 10	
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	HMO	e-referral		
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	BCNA	Not Covered	See Footnote 10	
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	HMO	e-referral		
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	BCNA	Not Covered	See Footnote 10	
Q4245	AMNIOTEXT, PER CC	HMO	e-referral		
Q4245	AMNIOTEXT, PER CC	BCNA	Not Covered	See Footnote 10	
Q4246	CORETEXT OR PROTEXT, PER CC	HMO	e-referral		
Q4246	CORETEXT OR PROTEXT, PER CC	BCNA	Not Covered	See Footnote 10	
Q4247	AmnioText Patch, per sq cm	HMO	e-referral		
Q4247	AmnioText Patch, per sq cm	BCNA	Not Covered	See Footnote 10	
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	HMO	e-referral		
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	BCNA	Not Covered	See Footnote 10	
Q4249	Amniply, for topical use only, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4249	Amniply, for topical use only, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4250	Amnioamp-mp, per square centimeter	HMO	e-referral		
Q4250	Amnioamp-mp, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4251	Vim, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4252	Vendaje, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4253	Zenith amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4254	Novafix dl, per square centimeter	HMO	e-referral		
Q4254	Novafix dl, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4255	Reguard, for topical use only, per square centimeter	HMO	e-referral		
Q4255	Reguard, for topical use only, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4256	Mlg-complete, per square centimeter	HMO	e-referral		
Q4256	Mlg-complete, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4257	Relese, per square centimeter	HMO	e-referral		
Q4257	Relese, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4258	Enverse, per square centimeter	HMO	e-referral		
Q4258	Enverse, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4259	Celera dual layer or celera dual membrane, per square centimeter	HMO	e-referral		
Q4259	Celera dual layer or celera dual membrane, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4260	Signature apatch, per square centimeter	HMO	e-referral		
Q4260	Signature apatch, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4261	Tag, per square centimeter	BCNA|HMO	e-referral		
Q4261	Tag, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4262	Dual layer impax membrane, per square centimeter	BCNA|HMO	e-referral		
Q4262	Dual layer impax membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4263	Surgraft tl, per square centimeter	BCNA|HMO	e-referral		
Q4263	Surgraft tl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4264	Cocoon membrane, per square centimeter	BCNA|HMO	e-referral		
Q4264	Cocoon membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4265	Neostim tl, per square centimeter	BCNA|HMO	e-referral		
Q4265	Neostim tl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4266	Neostim membrane, per square centimeter	BCNA|HMO	e-referral		
Q4266	Neostim membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4267	Neostim dl, per square centimeter	BCNA|HMO	e-referral		
Q4267	Neostim dl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4268	Surgraft ft, per square centimeter	BCNA|HMO	e-referral		
Q4268	Surgraft ft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4269	Surgraft xt, per square centimeter	BCNA|HMO	e-referral		
Q4269	Surgraft xt, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4270	Complete sl, per square centimeter	BCNA|HMO	e-referral		
Q4270	Complete sl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4271	Complete ft, per square centimeter	BCNA|HMO	e-referral		
Q4271	Complete ft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4272	Esano a, per square centimeter	BCNA|HMO	e-referral		
Q4272	Esano a, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4273	Esano aaa, per square centimeter	BCNA|HMO	e-referral		
Q4273	Esano aaa, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4274	Esano ac, per square centimeter	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4274	Esano ac, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4275	Esano aca, per square centimeter	BCNA|HMO	e-referral		
Q4275	Esano aca, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4276	Orion, per square centimeter	HMO	e-referral		
Q4276	Orion, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4278	Epieffect, per square centimeter	HMO	e-referral		
Q4278	Epieffect, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4279	Vendaje ac, per square centimeter	HMO	e-referral		
Q4279	Vendaje ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4280	Xcell amnio matrix, per square centimeter	HMO	e-referral		
Q4280	Xcell amnio matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4281	Barrera sl or barrera dl, per square centimeter	HMO	e-referral		
Q4281	Barrera sl or barrera dl, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4282	Cygnus dual, per square centimeter	HMO	e-referral		
Q4282	Cygnus dual, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	HMO	e-referral		
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4284	Dermabind sl, per square centimeter	HMO	e-referral		
Q4284	Dermabind sl, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter	HMO	e-referral		
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4286	Nudyn sl or nudyn slw, per square centimeter	HMO	e-referral		
Q4286	Nudyn sl or nudyn slw, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4287	Dermabind dl, per square centimeter	HMO	e-referral		
Q4287	Dermabind dl, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4288	Dermabind ch, per square centimeter	HMO	e-referral		
Q4288	Dermabind ch, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4289	Revoshield + amniotic barrier, per square centimeter	HMO	e-referral		
Q4289	Revoshield + amniotic barrier, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4290	Membrane wrap-hydro, per square centimeter	HMO	e-referral		
Q4290	Membrane wrap-hydro, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4291	Lamellas xt, per square centimeter	HMO	e-referral		
Q4291	Lamellas xt, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4292	Lamellas, per square centimeter	HMO	e-referral		
Q4292	Lamellas, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4293	Acesso dl, per square centimeter	HMO	e-referral		
Q4293	Acesso dl, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4294	Amnio quad-core, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4294	Amnio quad-core, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4295	Amnio tri-core amniotic, per square centimeter	HMO	e-referral		
Q4295	Amnio tri-core amniotic, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4296	Rebound matrix, per square centimeter	HMO	e-referral		
Q4296	Rebound matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4297	Emerge matrix, per square centimeter	HMO	e-referral		
Q4297	Emerge matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4298	Amnicore pro, per square centimeter	HMO	e-referral		
Q4298	Amnicore pro, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4299	Amnicore pro+, per square centimeter	HMO	e-referral		
Q4299	Amnicore pro+, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4300	Acesso tl, per square centimeter	HMO	e-referral		
Q4300	Acesso tl, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4301	Activate matrix, per square centimeter	HMO	e-referral		
Q4301	Activate matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4302	Complete aca, per square centimeter	HMO	e-referral		
Q4302	Complete aca, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4303	Complete aa, per square centimeter	HMO	e-referral		
Q4303	Complete aa, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4304	Grafix plus, per square centimeter	HMO	e-referral		
Q4304	Grafix plus, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4305	American amnion ac tri-layer, per square centimeter	HMO	e-referral		4/1/2024
Q4305	American amnion ac tri-layer, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4306	American amnion ac, per square centimeter	HMO	e-referral		4/1/2024
Q4306	American amnion ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4307	American amnion, per square centimeter	HMO	e-referral		4/1/2024
Q4307	American amnion, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4308	Sanopellis, per square centimeter	HMO	e-referral		4/1/2024
Q4308	Sanopellis, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4309	Via matrix, per square centimeter	HMO	e-referral		4/1/2024
Q4309	Via matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4310	Procenta, per 100 mg	HMO	e-referral		4/1/2024
Q4310	Procenta, per 100 mg	BCNA	Not Covered	See Footnote 10	
Q4311	Acesso, per square centimeter	HMO	e-referral		7/1/2024
Q4311	Acesso, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4312	Acesso ac, per square centimeter	HMO	e-referral		7/1/2024
Q4312	Acesso ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4313	Dermabind fm, per square centimeter	HMO	e-referral		7/1/2024
Q4313	Dermabind fm, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4314	Reeva ft, per square cenitmeter	HMO	e-referral		7/1/2024
Q4314	Reeva ft, per square cenitmeter	BCNA	Not Covered	See Footnote 10	
Q4315	Regenelink amniotic membrane allograft, per square centimeter	HMO	e-referral		7/1/2024
Q4315	Regenelink amniotic membrane allograft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4316	Amchoplast, per square centimeter	HMO	e-referral		7/1/2024
Q4316	Amchoplast, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4317	Vitograft, per square centimeter	HMO	e-referral		7/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4317	Vitograft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4318	E-graft, per square centimeter	HMO	e-referral		7/1/2024
Q4318	E-graft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4319	Sanograft, per square centimeter	HMO	e-referral		7/1/2024
Q4319	Sanograft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4320	Pellograft, per square centimeter	HMO	e-referral		7/1/2024
Q4320	Pellograft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4321	Renograft, per square centimeter	HMO	e-referral		7/1/2024
Q4321	Renograft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4322	Caregraft, per square centimeter	HMO	e-referral		7/1/2024
Q4322	Caregraft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4323	Alloply, per square centimeter	HMO	e-referral		7/1/2024
Q4323	Alloply, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4324	Amniotx, per square centimeter	HMO	e-referral		7/1/2024
Q4324	Amniotx, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4325	Acapatch, per square centimeter	HMO	e-referral		7/1/2024
Q4325	Acapatch, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4326	Woundplus, per square centimeter	HMO	e-referral		7/1/2024
Q4326	Woundplus, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4327	Duoamnion, per square centimeter	HMO	e-referral		7/1/2024
Q4327	Duoamnion, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4328	Most, per square centimeter	HMO	e-referral		7/1/2024
Q4328	Most, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4329	Singlay, per square centimeter	HMO	e-referral		7/1/2024
Q4329	Singlay, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4330	Total, per square centimeter	HMO	e-referral		7/1/2024
Q4330	Total, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4331	Axolotl graft, per square centimeter	HMO	e-referral		7/1/2024
Q4331	Axolotl graft, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4332	Axolotl dualgraft, per square centimeter	HMO	e-referral		7/1/2024
Q4332	Axolotl dualgraft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4333	Ardeograft, per square centimeter	BCNA|HMO	e-referral		7/1/2024
Q4333	Ardeograft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4334	Amnioplast 1, per square centimeter	HMO	e-referral		10/1/2024
Q4334	Amnioplast 1, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4335	Amnioplast 2, per square centimeter	HMO	e-referral		10/1/2024
Q4335	Amnioplast 2, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4336	Artacent c, per square centimeter	HMO	e-referral		10/1/2024
Q4336	Artacent c, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4337	Artacent trident, per square centimeter	HMO	e-referral		10/1/2024
Q4337	Artacent trident, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4338	Artacent velos, per square centimeter	HMO	e-referral		10/1/2024
Q4338	Artacent velos, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4339	Artacent vericlen, per square centimeter	HMO	e-referral		10/1/2024
Q4339	Artacent vericlen, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4340	Simpligraft, per square centimeter	HMO	e-referral		10/1/2024
Q4340	Simpligraft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4341	Simplimax, per square centimeter	HMO	e-referral		10/1/2024
Q4341	Simplimax, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4342	Theramend, per square centimeter	HMO	e-referral		10/1/2024
Q4342	Theramend, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	HMO	e-referral		10/1/2024

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4344	Tri-membrane wrap, per square centimeter	HMO	e-referral		10/1/2024
Q4344	Tri-membrane wrap, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4345	Matrix hd allograft dermis, per square centimeter	HMO	e-referral		10/1/2024
Q4345	Matrix hd allograft dermis, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4346	Shelter dm matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4346	Shelter dm matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4347	Rampart dl matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4347	Rampart dl matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4348	Sentry sl matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4348	Sentry sl matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4349	Mantle dl matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4349	Mantle dl matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4350	Palisade dm matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4350	Palisade dm matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4351	Enclose tl matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4351	Enclose tl matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4352	Overlay sl matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4352	Overlay sl matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4353	Xceed tl matrix, per square centimeter	HMO	e-referral		1/1/2025
Q4353	Xceed tl matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4354	Palingen dual-layer membrane, per square centimeter	HMO	e-referral		
Q4354	Palingen dual-layer membrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	HMO	e-referral		
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	HMO	e-referral		
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4357	Xwrap plus, per square centimeter	HMO	e-referral		
Q4357	Xwrap plus, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4358	Xwrap dual, per square centimeter	HMO	e-referral		
Q4358	Xwrap dual, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4359	Choriply, per square centimeter	HMO	e-referral		
Q4359	Choriply, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4360	Amchoplast fd, per square centimeter	HMO	e-referral		
Q4360	Amchoplast fd, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4361	Epixpress, per square centimeter	HMO	e-referral		
Q4361	Epixpress, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4362	Cygnus disk, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4362	Cygnus disk, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	HMO	e-referral		
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	HMO	e-referral		
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	HMO	e-referral		
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	HMO	e-referral		
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4367	Amniocore sl, per square centimeter	HMO	e-referral		
Q4367	Amniocore sl, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4368	Amchothick, per square centimeter	HMO	e-referral		
Q4368	Amchothick, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4369	Amnioplast 3, per square centimeter	HMO	e-referral		
Q4369	Amnioplast 3, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4370	Aeroguard, per square centimeter	HMO	e-referral		
Q4370	Aeroguard, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4371	Neoguard, per square centimeter	HMO	e-referral		
Q4371	Neoguard, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4372	Amchoplast excel, per square centimeter	HMO	e-referral		
Q4372	Amchoplast excel, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4373	Membrane wrap lite, per square centimeter	HMO	e-referral		
Q4373	Membrane wrap lite, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4375	Duograft ac, per square centimeter	HMO	e-referral		
Q4375	Duograft ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4376	Duograft aa, per square centimeter	HMO	e-referral		
Q4376	Duograft aa, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4377	Trigraft ft, per square centimeter	HMO	e-referral		
Q4377	Trigraft ft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4378	Renew ft matrix, per square centimeter	HMO	e-referral		
Q4378	Renew ft matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4379	Amniodefend ft matrix, per square centimeter	HMO	e-referral		
Q4379	Amniodefend ft matrix, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4380	Advograft one, per square centimeter	HMO	e-referral		
Q4380	Advograft one, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4382	Advograft dual, per square centimeter	HMO	e-referral		
Q4382	Advograft dual, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4383	Axolotl graft ultra, per square centimeter	HMO	e-referral		
Q4383	Axolotl graft ultra, per square centimeter	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4384	Axolotl dualgraft ultra, per square centimeter	HMO	e-referral		
Q4384	Axolotl dualgraft ultra, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4385	Apollo ft, per square centimeter	HMO	e-referral		
Q4385	Apollo ft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4386	Acesso trifaca, per square centimeter	HMO	e-referral		
Q4386	Acesso trifaca, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4387	Neothelium ft, per square centimeter	HMO	e-referral		
Q4387	Neothelium ft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4388	Neothelium 4l, per square centimeter	HMO	e-referral		
Q4388	Neothelium 4l, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4389	Neothelium 4l+, per square centimeter	HMO	e-referral		
Q4389	Neothelium 4l+, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4390	Ascendion, per square centimeter	HMO	e-referral		
Q4390	Ascendion, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4391	Amnioplast double, per square centimeter	HMO	e-referral		
Q4391	Amnioplast double, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4392	Grafix duo, per square centimeter	HMO	e-referral		
Q4392	Grafix duo, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4393	Surgraft ac, per square centimeter	HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4393	Surgraft ac, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4394	Surgraft aca, per square centimeter	HMO	e-referral		
Q4394	Surgraft aca, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4395	Acelagraft, per square centimeter	HMO	e-referral		
Q4395	Acelagraft, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4396	Natalin, per square centimeter	HMO	e-referral		
Q4396	Natalin, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4397	Summit aaa, per square centimeter	HMO	e-referral		
Q4397	Summit aaa, per square centimeter	BCNA	Not Covered	See Footnote 10	
Q4398	Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4398	Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4399	Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4399	Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4431	Pma skin substitute product, not otherwise specified (list in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4431	Pma skin substitute product, not otherwise specified (list in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	HMO	e-referral		1/1/2026
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4433	361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)	HMO	e-referral		1/1/2026

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q4433	361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	BCNA	Not Covered	See Footnote 10	
Q5098	Inj ustekinumab-srlf 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5099	Inj ustekinumab-stba 1 mg	HMO|PPO	Blue Cross Medical and Pharmacy Drug		
Q5100	Inj ustekinumab-kfce 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg (HCPCS, Q5103)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg (HCPCS, Q5104)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	PPO*	Carelon	See Footnote 30	
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	PPO*	Carelon	See Footnote 30	
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	PPO*	Carelon	See Footnote 30	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	PPO*	Carelon	See Footnote 30	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	PPO*	Carelon	See Footnote 30	
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	PPO*	Carelon	See Footnote 30	
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	PPO*	Carelon	See Footnote 30	
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	PPO*	Carelon	See Footnote 30	
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg (HCPCS, Q5121)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg (HCPCS, Q5123)	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg (HCPCS, Q5124)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	PPO*	Carelon	See Footnote 30	
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	PPO*	Carelon	See Footnote 30	
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg (HCPCS, Q5128)	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	PPO*	Carelon	See Footnote 30	
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	PPO*	Carelon	See Footnote 30	
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	PPO*	Carelon	See Footnote 30	
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5153	Inj aflibercept-yszy 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	PPO*	Carelon	See Footnote 30	
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	BCNA|MAPPO	OncoHealth		
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	BCNA|MAPPO|HMO|PPO*	OncoHealth		
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	BCNA|MAPPO|HMO|PPO*	Blue Cross Medical and Pharmacy Drug		
S0190	Mitepristone, oral, 200 mg	BCNA|HMO	e-referral		
S0191	Misoprostol, oral, 200 mcg	BCNA|HMO	e-referral		
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies	BCNA|HMO	e-referral		
S0201	Partial hospitalization services, less than 24 hours, per diem	BCNA|MAPPO|HMO|PPO*	Blue Cross Behavioral Health		
S0317	Disease management program; per diem	BCNA|HMO	e-referral	See Footnote 3	
S0800	Laser in situ keratomileusis (LASIK)	BCNA	e-referral		
S0800	Laser in situ keratomileusis (LASIK)	HMO	Not Covered	See Footnote 10	
S0810	Photorefractive keratectomy (PRK) (	BCNA|HMO	e-referral		
S1002	CUSTOMIZED ITEM	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	BCNA|HMO	e-referral		
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	BCNA|HMO	e-referral		
S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	BCNA|MAPPO|HMO|PPO*	Northwood		
S1091	Stent, non-coronary, temporary, with delivery system (propel)	BCNA|HMO	e-referral		
S2053	Transplantation of small intestine and liver allografts	HMO|PPO*	e-referral		
S2054	Transplantation of multivisceral organs	HMO|PPO*	e-referral		
S2055	Harvesting of donor multivisceral organs w/prep/maint of allografts from cadaver donor	HMO|PPO*	e-referral		
S2060	Lobar Lung Transplantation	HMO|PPO*	e-referral		
S2065	Simultaneous pancreas kidney transplantation	HMO|PPO*	e-referral		
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the fl - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
S2067	Breast reconstruction of a single breast with stacked deep inferior epigastric perforator (DI - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial infer - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
S2080	Laser-assisted uvulopalatoplasty (LAUP)	BCNA|HMO	e-referral		
S2103	Adrenal Tissue Transplant	BCNA|HMO	e-referral		
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g. tumor-infiltrat - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
S2117	Arthroereisis, subtalar	HMO	e-referral		
S2117	Arthroereisis, subtalar	BCNA	Not Covered	See Footnote 10	
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	BCNA|MAPPO|HMO|PPO*	TurningPoint		
S2202	Echosclerotherapy	BCNA|HMO	e-referral		
S2230	Implantation of magnetic component of semi-im - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral		
S2235	Implantation of suditory brain stem implant (	BCNA|HMO	e-referral		
S2260	INDUCED ABORTION, 17 TO 24 WEEKS	BCNA|HMO	e-referral	See Footnote 2	
S2265	INDUCED ABORTION, 25 TO 28 WEEKS	BCNA|HMO	e-referral	See Footnote 2	
S2266	INDUCED ABORTION, 29 TO 31 WEEKS	BCNA|HMO	e-referral		
S2267	INDUCED ABORTION, 32 WEEKS OR GREATER	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S2300	Arthroscopy shoulder surgical w/thermally-induced capsulorrhaphy	BCNA|HMO	e-referral		
S2348	Decompression procedure, percutaneous, of nuc - (See CPT/HCPCS Manual)	BCNA|MAPPO|HMO|PPO*	TurningPoint		
S2350	Diskectomy anterior w/decom spinal cord/nerve root incl osteophytectomy lumbar 1 interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
S2351	Diskectomy anterior w/decom spinal cord/nerve root incl osteophytectomy lumbar ea add interspace	BCNA|MAPPO|HMO|PPO*	TurningPoint		
S3620	Newborn Metabolic Screening (HCPCS, S3620)	BCNA|HMO	e-referral		
S3650	Saliva test hormone level during menopause	BCNA|HMO	e-referral		
S3652	Saliva test hormone level to assess pre-term labor risk	BCNA|HMO	e-referral		
S3722	DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACIL	BCNA|HMO	e-referral		
S3900	Surface electromyography (EMG)	BCNA|HMO	e-referral		
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	BCNA|HMO	e-referral	See Footnote 14	
S4013	Complete cycle gamete intrafallopian transfer (GIFT), case rate	BCNA|HMO	e-referral	See Footnote 14	
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	BCNA|HMO	e-referral	See Footnote 14	

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S4015	Complete in vitro fertilization cycle, case rate, not otherwise specified	BCNA|HMO	e-referral	See Footnote 14	
S4016	Frozen in vitro fertilization cycle, case rate	BCNA|HMO	e-referral	See Footnote 14	
S4021	In vitro fertilization procedure cancellation after aspiration, case rate	BCNA|HMO	e-referral	See Footnote 14	
S4022	Assisted oocyte fertilization, case rate	BCNA|HMO	e-referral	See Footnote 14	
S4024	Air polymer-type a intrauterine foam, per study dose	BCNA|HMO	e-referral		
S4027	Storage of previously frozen embryos	BCNA|HMO	e-referral	See Footnote 14	
S4028	Microsurgical epididymal sperm aspiration (mesa)	BCNA|HMO	e-referral	See Footnote 14	
S4030	Sperm procurement and cryopreservation services; initial visit	HMO	Not Covered	See Footnote 10	
S4031	Sperm procurement and cryopreservation services; subsequent visi	HMO	Not Covered	See Footnote 10	
S4035	Stimulated intrauterine insemination (IUI), case rate	BCNA|HMO	e-referral	See Footnote 14	
S4037	Cryopreserved embryo transfer, case rate	BCNA|HMO	e-referral	See Footnote 14	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	BCNA|HMO	e-referral	See Footnote 14	
S4042	Management of ovulation induction (interpreta - (See CPT/HCPCS Manual)	BCNA|HMO	e-referral	See Footnote 14	
S4988	Penile contracture device, manual, greater than 3 lbs traction force	HMO	e-referral		
S5108	Home care training to home care client, per 15 minutes	BCNA|MAPPO|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S5111	Home care training, family; per session	BCNA|MAPPO|HMO	e-referral		
S5160	Emer response sys instal & test	BCNA|HMO	Not Covered	See Footnote 10	
S5161	Emer Rspns sys serv per month	BCNA|HMO	Not Covered	See Footnote 10	
S5190	Wellness assessment, performed by non-physician	BCNA|HMO	Not Covered	See Footnote 10	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	PPO*	Carelon		
S8040	Topographic brain mapping	BCNA|HMO	e-referral		
S8042	Magnetic resonance imaging (MRI), low-field	BCNA	e-referral		
S8080	Scintimammography	BCNA|HMO	e-referral		
S8120	O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT	BCNA|MAPPO|HMO|PPO*	Northwood		
S8121	OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND	BCNA|MAPPO|HMO|PPO*	Northwood		
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	BCNA|HMO	e-referral		
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	BCNA|HMO	e-referral		
S8186	SWIVEL ADAPTOR	BCNA|MAPPO|HMO|PPO*	Northwood		
S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
S8210	MUCUS TRAP	BCNA|MAPPO|HMO|PPO*	Northwood		
S8270	ENURESIS ALARM AUDITORY BUZZER &/ VIBRATION DEVC	BCNA|MAPPO|HMO|PPO*	Northwood		
S8420	GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S8421	GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE	BCNA|MAPPO|HMO|PPO*	Northwood		
S8422	GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT	BCNA|MAPPO|HMO|PPO*	Northwood		
S8423	GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT	BCNA|MAPPO|HMO|PPO*	Northwood		
S8424	GRADIENT PRESSURE AID SLEEVE READY MADE	BCNA|MAPPO|HMO|PPO*	Northwood		
S8425	GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT	BCNA|MAPPO|HMO|PPO*	Northwood		
S8426	GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT	BCNA|MAPPO|HMO|PPO*	Northwood		
S8427	GRADIENT PRESSURE AID GLOVE READY MADE	BCNA|MAPPO|HMO|PPO*	Northwood		
S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE	BCNA|MAPPO|HMO|PPO*	Northwood		
S8429	GRADIENT PRESSURE EXTERIOR WRAP	BCNA|MAPPO|HMO|PPO*	Northwood		
S8431	COMPRESSION BANDAGE ROLL	BCNA|MAPPO|HMO|PPO*	Northwood		
S8460	CAMISOLE POST-MASTECTOMY	BCNA|MAPPO|HMO|PPO*	Northwood		
S8930	Auricular electrostimulation	BCNA|HMO	e-referral		
S8940	Equestrian/Hippotherapy, per session	BCNA|HMO	e-referral		
S8948	APPLICATION OF A MODALITY (REQUIRING CONSTANT	BCNA|HMO	Not Covered	See Footnote 10	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	BCNA|HMO	eviCore		
S8999	RESUSCITATION BAG	BCNA|HMO|PPO*	Northwood		
S9001	Home uterine monitor w/or w/o associated nursing services	BCNA|HMO	e-referral		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	BCNA|HMO	Not Covered	See Footnote 10	
S9055	Procuren or other growth factor preparation to promote wound healing	BCNA|HMO	e-referral		
S9056	Coma stimulation per diem	BCNA|HMO	e-referral		
S9090	Vertebral axial decompression per session	BCNA|HMO	e-referral		
S9123	NURSING CARE, IN HOME; BY REG NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT USED WHEN CPT CODES 99500-99602 AR	HMO|PPO*	e-referral		
S9124	Nursing care in the home by licensed practical nurse p/hr	HMO|PPO*	e-referral		
S9127	Social work visit in the home per diem	BCNA|MAPPO	Tango		3/1/2026
S9128	Speech therapy in the home per diem	BCNA|MAPPO	Tango		3/1/2026
S9129	Occupational therapy in the home per diem	BCNA|MAPPO	Tango		3/1/2026
S9131	Physical therapy, in the home, per diem	BCNA|MAPPO	Tango		3/1/2026
S9152	Speech therapy, re-evaluation	BCNA|HMO	eviCore		
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	BCNA|HMO	e-referral		
S9472	Cardiac rehabilitation program non-physician provider per diem	BCNA|HMO	e-referral		
S9473	Pulmonary rehabilitation program non-physician provider per diem	BCNA|HMO	e-referral		
S9476	Vestibular rehabiliation program, non-physician	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	BCNA|HMO	e-referral		
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	BCNA|HMO	e-referral		
T1001	Nursing assessment/evaluation	BCNA|MAPPO	Tango		3/1/2026
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	BCNA|MAPPO	Tango		3/1/2026
T1030	Nursing care, in the home, by registered nurse, per diem	BCNA|MAPPO	Tango		3/1/2026
T1031	Nursing care, in the home, by licensed practical nurse, per diem	BCNA|MAPPO	Tango		3/1/2026
T1032	Services performed by a doula birth worker, per 15 minutes	BCNA|HMO	Not Covered	See Footnote 10	
T1033	Services performed by a doula birth worker, per diem	BCNA|HMO	Not Covered	See Footnote 10	
T2048	BEHAVIORAL HEALTH LONG TERM CARE RESIDENTIAL NONACUTE	BCNA|MAPPO|HMO	Blue Cross Behavioral Health		
T4521	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4522	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4523	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4524	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4529	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4530	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4532	PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	BCNA|HMO	Northwood		
T4535	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4536	INCONT PROD PROTVE UNDWEAR/PULLON REUSBL SIZE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4538	DIAPER SERVICE REUSABLE DIAPER EACH DIAPER	BCNA|MAPPO|HMO|PPO*	Northwood		
T4539	INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	BCNA|MAPPO|HMO|PPO*	Northwood		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure codes for which providers must request prior authorization

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2, 2026

Procedure code	Procedure code description	Lines of business	Requests managed by	Additional Information	Effective date
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4544	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	BCNA|MAPPO|HMO|PPO*	Northwood		
T4545	Incontinence product, disposable, penile wrap, eac	BCNA|MAPPO|HMO|PPO*	Northwood		
T5001	POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED	BCNA|MAPPO|HMO|PPO*	Northwood		
T5999	SUPPLY NOT OTHERWISE SPECIFIED	BCNA|MAPPO|HMO|PPO*	Northwood		
V2623	PROSTHETIC EYE PLASTIC CUSTOM	BCNA|MAPPO|HMO|PPO*	Northwood		
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	BCNA|MAPPO|HMO|PPO*	Northwood		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	BCNA|MAPPO|HMO|PPO*	Northwood		
V2626	REDUCTION OF OCULAR PROSTHESIS	BCNA|MAPPO|HMO|PPO*	Northwood		
V2627	SCLERAL COVER SHELL	BCNA|MAPPO|HMO|PPO*	Northwood		
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	BCNA|MAPPO|HMO|PPO*	Northwood		
V2629	PROSTHETIC EYE OTHER TYPE	BCNA|MAPPO|HMO|PPO*	Northwood		
V2790	Amniotic Membrane	BCNA	e-referral		
V5298	Hearing aid, not otherwise classified	BCNA|HMO	e-referral		
V5299	Hearing Service, Miscellaneous	HMO	e-referral		
V5362	Speech screening	BCNA|HMO	eviCore		
V5363	Language screening	BCNA|HMO	eviCore		
V5364	Dysphagia screening	BCNA|HMO	eviCore		

CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.