



**BlueCross BlueShield
of New Mexico**

**New Mexico Medicaid Benefit Preauthorization
Code List**

Procedure

(Updated 4/23/2020)

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. **Green highlighted codes are managed by eviCore healthcare (eviCore).**

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

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

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17340	CRYOTHERAPY OF SKIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17360	SKIN PEEL THERAPY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
17380	HAIR REMOVAL BY ELECTROLYSIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19020	INCISION OF BREAST LESION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19120	REMOVAL OF BREAST LESION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19296	PLACE PO BREAST CATH FOR RAD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
19297	PLACE BREAST CATH FOR RAD	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
19298	PLACE BREAST RAD TUBE/CATHS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
19300	MASTECTOMY GYNECOMASTIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19301	PARTIAL MASTECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19303	MAST SIMPLE COMPLETE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19304	MAST SUBQ	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19340	IMMEDIATE BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
19355	CORRECT INVERTED NIPPLE(S)	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19380	BREAST RECONSTRUCTION	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
20983	ABLATE BONE TUMOR(S) PERQ	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
20985	CPTR-ASST DIR MS PX	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
21083	PREPARE FACE/ORAL PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21085	PREPARE FACE/ORAL PROSTHESIS	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21120	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21121	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21122	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21123	RECONSTRUCTION OF CHIN	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21125	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
21127	AUGMENTATION LOWER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21138	REDUCTION OF FOREHEAD	History and physical, documentation of medical necessity and previous stages of reconstruction if done.
21141	LEFORT I-1 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21142	LEFORT I-2 PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21143	LEFORT I-3/> PIECE W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21145	LEFORT I-1 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21146	LEFORT I-2 PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21147	LEFORT I-3/> PIECE W/ GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21150	LEFORT II ANTERIOR INTRUSION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21151	LEFORT II W/BONE GRAFTS	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21154	LEFORT III W/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21155	LEFORT III W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21159	LEFORT III W/FHDW/O LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21160	LEFORT III W/FHD W/ LEFORT I	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21188	RECONSTRUCTION OF MIDFACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
21193	RECONST LWR JAW W/O GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21194	RECONST LWR JAW W/GRAFT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21195	RECONST LWR JAW W/O FIXATION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
21196	RECONST LWR JAW W/FIXATION	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21198	RECONSTR LWR JAW SEGMENT	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21199	RECONSTR LWR JAW W/ADVANCE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21206	RECONSTRUCT UPPER JAW BONE	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21208	AUGMENTATION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21209	REDUCTION OF FACIAL BONES	Fax BA to Dental Review. Submit chart notes including type of appliance, history of re-occurring TMJ, and copy of diagnostic sleep studies.
21210	FACE BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21215	LOWER JAW BONE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21230	RIB CARTILAGE GRAFT	Submit history and physical, documentation of medical necessity including operative report.
21243	ARTHROPLASTY, TMJ	Submit history and physical, documentation of medical necessity including operative report.
21244	RECONSTRUCTION OF LOWER JAW	Submit history and physical, documentation of medical necessity including operative report.
21245	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.
21246	RECONSTRUCTION OF JAW	Submit history and physical, documentation of medical necessity including operative report.
21685	HYOID MYOTOMY & SUSPENSION	Submit history and physical, documentation of medical necessity including operative report.
21740	RECONSTRUCTION OF STERNUM	Submit history and physical, documentation of medical necessity including operative report.
22505	MANIPULATION OF SPINE	Submit history and physical, documentation of medical necessity including operative report.
22864	REMOVE CERV ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.
22865	REMOVE LUMB ARTIF DISC	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
24587	TREAT ELBOW FRACTURE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25310	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
25312	TRANSPLANT FOREARM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26480	TRANSPLANT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26483	TRANSPLANT/GRAFT HAND TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26485	TRANSPLANT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
26489	TRANSPLANT/GRAFT PALM TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27279	ARTHRODESIS SACROILIAC JOINT	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
27280	FUSION OF SACROILIAC JOINT	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
27396	TRANSPLANT OF THIGH TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27397	TRANSPLANTS OF THIGH TENDONS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27405	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27407	REPAIR OF KNEE LIGAMENT	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27409	REPAIR OF KNEE LIGAMENTS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27445	REALIGNMENT OF KNEE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27557	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27558	TREAT KNEE DISLOCATION	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27690	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
27691	REVISE LOWER LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
27692	REVISE ADDITIONAL LEG TENDON	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28292	CORRECTION HALLUX VALGUS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
28890	HI ENRGY ESWT PLANTAR FASCIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30120	REVISION OF NOSE	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
30801	ABLATE INF TURBINATE SUPERF	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31600	INCISION OF WINDPIPE	Pre-operative evaluation, history and physical including functional impairment, and operative report.
31643	DIAG BRONCHOSCOPE/CATHETER	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
31830	REVISE WINDPIPE SCAR	Pre-operative evaluation, history and physical including functional impairment, and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
32553	INS MARK THOR FOR RT PERQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
32850	DONOR PNEUMONECTOMY	Pre-operative evaluation, history and physical including functional impairment, and operative report.
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32855	PREPARE DONOR LUNG SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
32856	PREPARE DONOR LUNG DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.
33933	PREPARE DONOR HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33944	PREPARE DONOR HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
35879	REVISE GRAFT W/VEIN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
36468	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36469	NJX SCLRSNT SPIDER VEINS	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.
36476	ENDOVENOUS RF VEIN ADD-ON	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37243	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-operative evaluation, history and physical including results of Doppler studies, and operative report.
37500	ENDOSCOPY LIGATE PERF VEINS	Pre-operative evaluation, history and physical and operative report.
37700	REVISE LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37718	LIGATE/STRIP SHORT LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37722	LIGATE/STRIP LONG LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37735	REMOVAL OF LEG VEINS/LESION	Pre-operative evaluation, history and physical and operative report.
37760	LIGATE LEG VEINS RADICAL	History and physical and operative report.
37761	LIGATE LEG VEINS OPEN	History and physical and operative report.
37765	STAB PHLEB VEINS XTR 10-20	Pre-operative evaluation, history and physical and operative report.
37766	PHLEB VEINS - EXTREM 20+	Pre-operative evaluation, history and physical and operative report.
37780	REVISION OF LEG VEIN	Pre-operative evaluation, history and physical and operative report.
37785	LIGATE/DIVIDE/EXCISE VEIN	Pre-operative evaluation, history and physical and operative report.
37799	VASCULAR SURGERY PROCEDURE	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
38204	BL DONOR SEARCH MANAGEMENT	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38205	HARVEST ALLOGENEIC STEM CELL	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38208	THAW PRESERVED STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38210	T-CELL DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38211	TUMOR CELL DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38213	PLATELET DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38214	VOLUME DEplete OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38215	HARVEST STEM CELL CONCENTRATE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38230	BONE MARROW HARVEST ALLOGEN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
38242	TRANSPLT ALLO LYMPHOCYTES	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.
40700	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40701	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40702	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40720	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40761	REPAIR CLEFT LIP/NASAL	History and physical and operative report.
40820	TREATMENT OF MOUTH LESION	History and physical and operative report.
41019	PLACE NEEDLES H&N FOR RT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
41120	PARTIAL REMOVAL OF TONGUE	History and physical and operative report.
41512	TONGUE SUSPENSION	History and physical and operative report.
41530	TONGUE BASE VOL REDUCTION	History and physical, including sleep study results, results of CPAP trial.
42140	EXCISION OF UVULA	History and physical and operative report.
42145	REPAIR PALATE PHARYNX/UVULA	History and physical, including sleep study results, results of CPAP trial.
42200	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42205	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42210	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42215	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42220	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42225	RECONSTRUCT CLEFT PALATE	History and physical and operative report.
42836	REMOVAL OF ADENOIDS	History and Physical, Operative report
43112	ESPHG TOT W/THRCM	History and physical and operative report.
43121	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43122	PARTIAL REMOVAL OF ESOPHAGUS	History and physical and operative report.
43236	UPPR GI SCOPE W/SUBMUC INJ	History and physical and operative report.
43252	EGD OPTICAL ENDOMICROSCOPY	History and physical and operative report.
43257	EGD W/THRML TXMNT GERD	History and physical and operative report.
43360	GASTROINTESTINAL REPAIR	History and physical and operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
43633	REMOVAL OF STOMACH PARTIAL	History and physical and operative report.
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43645	LAP GASTR BYPASS INCL SMLL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43770	LAP PLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43771	LAP REVISE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43772	LAP RMVL GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43773	LAP REPLACE GASTR ADJ DEVICE	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43774	LAP RMVL GASTR ADJ ALL PARTS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43775	LAP SLEEVE GASTRECTOMY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43800	RECONSTRUCTION OF PYLORUS	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43842	V-BAND GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43843	GASTROPLASTY W/O V-BAND	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43845	GASTROPLASTY DUODENAL SWITCH	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43846	GASTRIC BYPASS FOR OBESITY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43847	GASTRIC BYPASS INCL SMALL I	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43848	REVISION GASTROPLASTY	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43886	REVISE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43887	REMOVE GASTRIC PORT OPEN	History and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
43888	CHANGE GASTRIC PORT OPEN	history and physical, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44137	REMOVE INTESTINAL ALLOGRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44715	PREPARE DONOR INTESTINE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44720	PREP DONOR INTESTINE/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
44721	PREP DONOR INTESTINE/ARTERY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
46760	REPAIR OF ANAL SPHINCTER	History and physical and procedure report.
47120	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47122	EXTENSIVE REMOVAL OF LIVER	History and physical and procedure report.
47125	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.
47130	PARTIAL REMOVAL OF LIVER	History and physical and procedure report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
47133	REMOVAL OF DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47140	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47141	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47142	PARTIAL REMOVAL DONOR LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47143	PREP DONOR LIVER WHOLE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47144	PREP DONOR LIVER 3-SEGMENT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47145	PREP DONOR LIVER LOBE SPLIT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47146	PREP DONOR LIVER/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47147	PREP DONOR LIVER/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47370	LAPARO ABLATE LIVER TUMOR RF	History and physical, procedure report.
47399	LIVER SURGERY PROCEDURE	History and physical, procedure report.
47420	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
47425	INCISION OF BILE DUCT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
47560	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.
47561	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Submit History and Physical, documentation of medical necessity, operative report
47579	LAPAROSCOPE PROC BILIARY	Recent history and physical, plan of care, and documentation of medical necessity.
48160	PANCREAS REMOVAL/TRANSPLANT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48550	DONOR PANCREATECTOMY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48551	PREP DONOR PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48552	PREP DONOR PANCREAS/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
48556	REMOVAL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
49411	INS MARK ABD/PEL FOR RT PERQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
49412	INS DEVICE FOR RT GUIDE OPEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
50300	REMOVE CADAVER DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
50320	REMOVE KIDNEY LIVING DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50325	PREP DONOR RENAL GRAFT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50327	PREP RENAL GRAFT/VENOUS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50328	PREP RENAL GRAFT/ARTERIAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50329	PREP RENAL GRAFT/URETERAL	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50340	REMOVAL OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50360	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50370	REMOVE TRANSPLANTED KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50380	REIMPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50544	LAPAROSCOPY PYELOPLASTY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
50547	LAPARO REMOVAL DONOR KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: History and Physical, Transplant evaluation, and date of transplant

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
50860	TRANSPLANT URETER TO SKIN	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
51580	REMOVE BLADDER/REVISE TRACT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.
51585	REMOVAL OF BLADDER & NODES	Submit history and physical, documentation of medical necessity, operative report.
51597	REMOVAL OF PELVIC STRUCTURES	Submit history and physical, documentation of medical necessity, operative report.
53430	RECONSTRUCTION OF URETHRA	Submit history and physical, documentation of medical necessity, operative report.
54125	REMOVAL OF PENIS	Submit history and physical, documentation of medical necessity, operative report.
54240	PENIS STUDY	Submit History and Physical, documentation of medical necessity, operative report
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.
54400	INSERT SEMI-RIGID PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.
54401	INSERT SELF-CONTD PROSTHESIS	Submit history and physical, documentation of medical necessity, operative report.
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.
54416	REMV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
54417	REMOV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.
55875	TRANSPERI NEEDLE PLACE PROS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
55876	PLACE RT DEVICE/MARKER PROS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
55920	PLACE NEEDLES PELVIC FOR RT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, operative report.
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, operative report.
56356	HYSTEROSCOPY SURG; W/ENDOMETRIAL ABLATION	Recent history and physical, plan of care, and documentation of medical necessity.
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical necessity, operative report.
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.
57155	INSERT UTERI TANDEM/OVOIDS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
57156	INS VAG BRACHYTX DEVICE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.
58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, operative report.
58260	VAGINAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58262	VAG HYST INCLUDING T/O	Submit history and physical, documentation of medical necessity, operative report.
58275	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.
58280	HYSTERECTOMY/REVISE VAGINA	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
58285	EXTENSIVE HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58346	INSERT HEYMAN UTERI CAPSULE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
58350	REOPEN FALLOPIAN TUBE	Recent history and physical, plan of care, and documentation of medical necessity.
58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.
58550	LAPARO-ASST VAG HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical, documentation of medical necessity, operative report.
58553	LAPARO-VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical necessity, operative report.
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.
58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical necessity, operative report.
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.
59897	FETAL INVAS PX W/US	Submit History and Physical, documentation of medical necessity including operative report.
60512	AUTOTRANSPLANT PARATHYROID	Submit history and physical, documentation of medical necessity including operative report.
62115	REDUCTION OF SKULL DEFECT	Submit history and physical, documentation of medical necessity including operative report.
62120	REPAIR SKULL CAVITY LESION	Submit history and physical, documentation of medical necessity including operative report.
64561	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.
64575	IMPLANT NEUROELECTRODES	Submit History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report.
64580	IMPLANT NEUROELECTRODES	Submit History and Physical, documentation of medical necessity including operative report.
64590	INSRT/REDO PN/GASTR STIMUL	Submit History and Physical, documentation of medical necessity including operative report.
64633	DESTROY CERV/THOR FACET JNT	Submit history and physical, documentation of medical necessity.
64634	DESTROY C/TH FACET JNT ADDL	Submit history and physical, documentation of medical necessity.
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
67908	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.
69300	REVISE EXTERNAL EAR	Letter of medical necessity, including condition being treated.
69604	MASTOID SURGERY REVISION	Pre-operative evaluation, history and physical and operative report.
69714	IMPLANT TEMPLE BONE W/STIMUL	Pre-operative evaluation, history and physical and operative report.
69715	TEMPLE BNE IMPLNT W/STIMULAT	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69717	TEMPLE BONE IMPLANT REVISION	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69718	REVISE TEMPLE BONE IMPLANT	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.
70557	MRI BRAIN W/O DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70558	MRI BRAIN W/DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
70559	MRI BRAIN W/O & W/DYE	For Prior Authorization: history and physical, results of previous diagnostics procedure report.
72275	EPIDUROGRAPHY	Submit History and Physical, documentation of medical necessity
77014	CT SCAN FOR THERAPY GUIDE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77371	SRS MULTISOURCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77372	SRS LINEAR BASED	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77373	SBRT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77385	NTSTY MODUL RAD TX DLVR SMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
77386	NTSTY MODUL RAD TX DLVR CPLX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77387	GUIDANCE FOR RADJ TX DLVR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77401	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77402	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77407	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77412	RADIATION TREATMENT DELIVERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77423	NEUTRON BEAM TX COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77424	IO RAD TX DELIVERY BY X-RAY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77425	IO RAD TX DELIVER BY ELCTRNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77520	PROTON TRMT SIMPLE W/O COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77522	PROTON TRMT SIMPLE W/COMP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77523	PROTON TRMT INTERMEDIATE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77525	PROTON TREATMENT COMPLEX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77600	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77605	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77610	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77615	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77620	HYPERTHERMIA TREATMENT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
77750	INFUSE RADIOACTIVE MATERIALS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77761	APPLY INTRCAV RADIAT SIMPLE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77762	APPLY INTRCAV RADIAT INTERM	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77763	APPLY INTRCAV RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77767	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77768	HDR RDNCL SKN SURF BRACHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
77778	APPLY INTERSTIT RADIAT COMPL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81161	DMD DUP/DELET ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81201	APC GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81203	APC GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81209	BLM GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81210	BRAF GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81211	BRCA1&2 13, 14-20, 22, 8-9	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81212	BRCA1&2 185&5385&6174 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81213	BRCA1&2 VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81214	BRCA1 13, 14-20, 22, 8-9	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81215	BRCA1 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81216	BRCA2 GENE FULL SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81217	BRCA2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81220	CFTR GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81221	CFTR GENE KNOWN FAM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81222	CFTR GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81223	CFTR GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81225	CYP2C19 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81226	CYP2D6 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81227	CYP2C9 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81228	CYTOGEN MICRARRAY COPY NMBR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81229	CYTOGEN M ARRAY COPY NO&SNP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81230	CYP3A4 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81231	CYP3A5 GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81232	DPYD GENE COMMON VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81238	F9 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81249	G6PD FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81257	HBA1/HBA2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81259	HBA1/HBA2 FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81277	CYTOGENOMIC NEO MICRORA ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81283	IFNL3 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81287	MGMT GENE PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81289	FXN GENE KNOWN FAMIL VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81291	MTHFR GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81292	MLH1 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81293	MLH1 GENE KNOWN VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81295	MSH2 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81298	MSH6 GENE FULL SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81307	PALB2 GENE FULL GENE SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81308	PALB2 GENE KNOWN FAMIL VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81313	PCA3/KLK3 ANTIGEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81317	PMS2 GENE FULL SEQ ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81321	PTEN GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81322	PTEN GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81323	PTEN GENE DUP/DELET VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81325	PMP22 GENE FULL SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81328	SLCO1B1 GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81335	TPMT GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81346	TYMS GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81355	VKORC1 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81361	HBB GENE COM VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81362	HBB GENE KNOWN FAM VARIANT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81363	HBB GENE DUP/DEL VARIANTS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81364	HBB FULL GENE SEQUENCE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81400	MOPATH PROCEDURE LEVEL 1	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81401	MOPATH PROCEDURE LEVEL 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81402	MOPATH PROCEDURE LEVEL 3	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81403	MOPATH PROCEDURE LEVEL 4	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81404	MOPATH PROCEDURE LEVEL 5	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81405	MOPATH PROCEDURE LEVEL 6	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81406	MOPATH PROCEDURE LEVEL 7	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81407	MOPATH PROCEDURE LEVEL 8	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81408	MOPATH PROCEDURE LEVEL 9	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81410	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81411	AORTIC DYSFUNCTION/DILATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81412	ASHKENAZI JEWISH ASSOC DIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81413	CAR ION CHNNLPATH INC 10 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81414	CAR ION CHNNLPATH INC 2 GNS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81415	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81416	EXOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81417	EXOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81420	FETAL CHRMOML ANEUPLOIDY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81422	FETAL CHRMOML MICRODELTA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81425	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81426	GENOME SEQUENCE ANALYSIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81427	GENOME RE-EVALUATION	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81430	HEARING LOSS SEQUENCE ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81431	HEARING LOSS DUP/DEL ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81432	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81433	HRDTRY BRST CA-RLATD DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81434	HEREDITARY RETINAL DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81435	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81436	HEREDITARY COLON CA DSORDRS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81437	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81438	HEREDTRY NURONDCRN TUM DSRDR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81439	HRDTRY CARDMYPY GENE PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81440	MITOCHONDRIAL GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81442	NOONAN SPECTRUM DISORDERS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81445	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81448	HRDTRY PERPH NEURPHY PANEL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81450	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81455	TARGETED GENOMIC SEQ ANALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81460	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81465	WHOLE MITOCHONDRIAL GENOME	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81470	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81471	X-LINKED INTELLECTUAL DBLT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81479	UNLISTED MOLECULAR PATHOLOGY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81490	AUTOIMMUNE RHEUMATOID ARTHR	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81493	COR ARTERY DISEASE MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81504	ONCOLOGY TISSUE OF ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81519	ONCOLOGY BREAST MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81520	ONC BREAST MRNA 58 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81521	ONC BREAST MRNA 70 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81522	ONC BREAST MRNA 12 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81525	ONCOLOGY COLON MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81535	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81536	ONCOLOGY GYNECOLOGIC	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81538	ONCOLOGY LUNG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81539	ONCOLOGY PROSTATE PROB SCORE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
81540	ONCOLOGY TUM UNKNOWN ORIGIN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81541	ONC PROSTATE MRNA 46 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81542	ONC PROSTATE MRNA 22 CNT GEN	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81545	ONCOLOGY THYROID	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81551	ONC PROSTATE 3 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81552	ONC UVEAL MLNMA MRNA 15 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81595	CARDIOLOGY HRT TRNSPL MRNA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
81599	UNLISTED MAAA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
84999	CLINICAL CHEMISTRY TEST	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
86890	AUTOLOGOUS BLOOD PROCESS	Submit documentation to describe the test, records from related office visit, history and physical.
86891	AUTOLOGOUS BLOOD OP SALVAGE	Submit documentation to describe the test, records from related office visit, history and physical.
88233	TISSUE CULTURE SKIN/BIOPSY	Recent history and physical, plan of care, and documentation of medical necessity.
88235	TISSUE CULTURE PLACENTA	Recent history and physical, plan of care, and documentation of medical necessity.
88261	CHROMOSOME ANALYSIS 5	Recent history and physical, plan of care, and documentation of medical necessity.
88262	CHROMOSOME ANALYSIS 15-20	Recent history and physical, plan of care, and documentation of medical necessity.
88263	CHROMOSOME ANALYSIS 45	Recent history and physical, plan of care, and documentation of medical necessity.
89300	SEMEN ANALYSIS W/HUHNER	Recent history and physical, plan of care, and documentation of medical necessity.
89310	SEMEN ANALYSIS W/COUNT	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
89320	SEMEN ANAL VOL/COUNT/MOT	Recent history and physical, plan of care, and documentation of medical necessity.
89325	SPERM ANTIBODY TEST	Recent history and physical, plan of care, and documentation of medical necessity.
89330	EVALUATION CERVICAL MUCUS	Recent history and physical, plan of care, and documentation of medical necessity.
90283	HUMAN IG IV	Recent history and physical, plan of care, and documentation of medical necessity.
90284	HUMAN IG SC	Recent history and physical, plan of care, and documentation of medical necessity.
90288	BOTULISM IG IV	Recent history and physical, plan of care, and documentation of medical necessity.
90291	CMV IG IV	Recent history and physical, plan of care, and documentation of medical necessity.
90378	RSV MAB IM 50MG	Recent history and physical, plan of care, and documentation of medical necessity.
90870	ELECTROCONVULSIVE THERAPY	History and physical, chart notes from ordering physician, treatment plan.
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	Recent history and physical, plan of care, and documentation of medical necessity.
92507	SPEECH/HEARING THERAPY	History and physical, family history, clinical documentation supporting testing
92584	ELECTROCOCHLEOGRAPHY	Recent history and physical, plan of care, and documentation of medical necessity.
92601	COCHLEAR IMPLT F/UP EXAM <7	Recent history and physical, plan of care, and documentation of medical necessity.
92602	REPROGRAM COCHLEAR IMPLT <7	Recent history and physical, plan of care, and documentation of medical necessity.
92603	COCHLEAR IMPLT F/UP EXAM 7/>	Recent history and physical, plan of care, and documentation of medical necessity.
92604	REPROGRAM COCHLEAR IMPLT 7/>	Recent history and physical, plan of care, and documentation of medical necessity.
92633	AUD REHAB POSTLING HEAR LOSS	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
93798	CARDIAC REHAB/MONITOR	Recent history and physical, plan of care, and documentation of medical necessity.
96040	GENETIC COUNSELING 30 MIN	Recent history and physical, plan of care, and documentation of medical necessity.
96111	DEVELOPMENTAL TEST	Recent history and physical, plan of care, and documentation of medical necessity.
97010	HOT OR COLD PACKS THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97012	MECHANICAL TRACTION THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97014	ELECTRIC STIMULATION THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97016	VASOPNEUMATIC DEVICE THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97018	PARAFFIN BATH THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97022	WHIRLPOOL THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97024	DIATHERMY EG MICROWAVE	Recent history and physical, plan of care, and documentation of medical necessity.
97026	INFRARED THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97028	ULTRAVIOLET THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97032	ELECTRICAL STIMULATION	Recent history and physical, plan of care, and documentation of medical necessity.
97033	ELECTRIC CURRENT THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97034	CONTRAST BATH THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97035	ULTRASOUND THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97036	HYDROTHERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
97039	PHYSICAL THERAPY TREATMENT	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
97113	AQUATIC THERAPY/EXERCISES	Recent history and physical, plan of care, and documentation of medical necessity.
97127	THER IVNTJ W/FOCUS COG FUNCJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
97139	PHYSICAL MEDICINE PROCEDURE	Recent history and physical, plan of care, and documentation of medical necessity.
97150	GROUP THERAPEUTIC PROCEDURES	Recent history and physical, plan of care, and documentation of medical necessity.
97164	PT RE-EVAL EST PLAN CARE	Recent history and physical, plan of care, and documentation of medical necessity.
97168	OT RE-EVAL EST PLAN CARE	Recent history and physical, plan of care, and documentation of medical necessity.
97169	ATHLETIC TRN EVAL LOW CMLX	Recent history and physical, plan of care, and documentation of medical necessity.
97170	ATHLETIC TRN EVAL MOD CMLX	Recent history and physical, plan of care, and documentation of medical necessity.
97171	ATHLETIC TRN EVAL HIGH CMLX	Recent history and physical, plan of care, and documentation of medical necessity.
97172	ATHLETIC TRN RE-EVAL PLAN CR	Recent history and physical, plan of care, and documentation of medical necessity.
97537	COMMUNITY/WORK REINTEGRATION	Recent history and physical, plan of care, and documentation of medical necessity.
97750	PHYSICAL PERFORMANCE TEST	Recent history and physical, plan of care, and documentation of medical necessity.
97755	ASSISTIVE TECHNOLOGY ASSESS	Recent history and physical, plan of care, and documentation of medical necessity.
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	History and physical, family history, clinical documentation supporting testing
97799	PHYSICAL MEDICINE PROCEDURE	History and physical, family history, clinical documentation supporting testing
98925	OSTEOPATH MANJ 1-2 REGIONS	History and physical, family history, clinical documentation supporting testing
98926	OSTEOPATH MANJ 3-4 REGIONS	History and physical, family history, clinical documentation supporting testing
98927	OSTEOPATH MANJ 5-6 REGIONS	History and physical, family history, clinical documentation supporting testing

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
98928	OSTEOPATH MANJ 7-8 REGIONS	History and physical, family history, clinical documentation supporting testing
98929	OSTEOPATH MANJ 9-10 REGIONS	History and physical, family history, clinical documentation supporting testing
99183	HYPERBARIC OXYGEN THERAPY	Recent history and physical, plan of care, and documentation of medical necessity.
99509	HOME VISIT DAY LIFE ACTIVITY	History and Physical, family history, clinical documentation supporting need, NFLOC.
0001U	RBC DNA HEA 35 AG 11 BLD GRP	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0004M	* AMA Short descriptor unavailable	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0005U	ONCO PRST8 3 GENE UR ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0006M	Onc hep gene risk classifier	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0007M	Onc gastro 51 gene nomogram	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0012U	GERMLN DO GENE REARGMT DETCJ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0013U	ONC SLD ORG NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0014U	HEM HMTLMF NEO GENE REARGMT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0018U	ONC THYR 10 MICRORNA SEQ ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0019U	ONC RNA TISS PREDICT ALG	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0026U	ONC THYR DNA&MRNA 112 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0029U	RX METAB ADVRS TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0030U	RX METAB WARF TRGT SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
0031U	CYP1A2 GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0032U	COMT GENE	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0033U	HTR2A HTR2C GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0034U	TPMT NUDT15 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0036U	XOME TUM & NML SPEC SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0042T	CT PERFUSION W/CONTRAST CBF	History and physical, family history, clinical documentation supporting testing
0095T	RMVL ARTIFIC DISC ADDL CRVCL	Recent history and physical, plan of care, and documentation of medical necessity.
0098T	REV ARTIFIC DISC ADDL	Recent history and physical, plan of care, and documentation of medical necessity.
0104U	HERED PAN CA PNL 24 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0153U	ONC BREAST MRNA 101 GENES	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0156U	COPY NUMBER SEQUENCE ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0157U	APC MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0158U	MLH1 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0159U	MSH2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0160U	MSH6 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0161U	PMS2 MRNA SEQ ALYS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0162U	HERED COLON CA TRGT MRNA PNL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
0169U	NUDT15&TPMT GENE COM VRNT	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0163T	LUMB ARTIF DISKECTOMY ADDL	Recent history and physical, plan of care, and documentation of medical necessity.
0164T	REMOVE LUMB ARTIF DISC ADDL	History and physical, family history, clinical documentation supporting testing
0165T	REVISE LUMB ARTIF DISC ADDL	Recent history and physical, plan of care, and documentation of medical necessity.
0170U	NEURO ASD RNA NEXT GEN SEQ	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0171U	ANESTH ELBOW AREA SURGERY	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0172U	short description not available at time of update	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0173U	short description not available at time of update	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0175U	short description not available at time of update	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0179U	short description not available at time of update	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0394T	HDR ELCTRNC SKN SURF BRCHYTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0482T	ABSL QUAN MYOCDR BLD FLO PET	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0501T	COR FFR DERIVED COR CTA DATA	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0502T	COR FFR DATA PREP & TRANSMIS	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0503T	COR FFR ALYS GNRJ FFR MDL	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
0504T	COR FFR DATA REVIEW I&R	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
A0180	Nonemergency transportation: ancillary: lodging-recipient	Submit progress notes for last 24 hours prior to transport, physician order including <u>medical records supporting rationale for transport.</u>
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours prior to transport, physician order including <u>medical records supporting rationale for transport.</u>
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Submit progress notes for last 24 hours prior to transport, physician order including <u>medical records supporting rationale for transport.</u>
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	Submit progress notes for last 24 hours prior to transport, physician order including <u>medical records supporting rationale for transport.</u>
A0433	Advanced life support, level 2 (als 2)	Submit progress notes for last 24 hours prior to transport, physician order including <u>medical records supporting rationale for transport.</u>
A0434	SPECIALTY CARE TRANSPORT (SCT)	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Recent history and physical if applicable and letter of Medical Necessity documenting the need for the requested service.
A0436	Rotary wing air mileage, per statute mile	Submit progress notes for last 24 hours prior to transport, physician order including <u>medical records supporting rationale for transport.</u>
A9590	Iodine i-131, iobenguane, 1 millicurie	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use
B4104	Additive for enteral formula (e.g., fiber)	History and Physical or clinical notes, including anticipated length of use
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	History and Physical or clinical notes, including anticipated length of use

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

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

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Recent history and physical, plan of care, and documentation of medical necessity.
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace	Recent history and physical, plan of care, and documentation of medical necessity.
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Letter of medical necessity, including condition being treated.
C1767	Generator, neurostimulator (implantable), non-rechargeable	Letter of medical necessity, including condition being treated.
C9014	Brineura (cerliponase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
C9036	Injection, patisiran, 0.1 mg	Letter of medical necessity, including condition being treated.
C9257	Avastin (bevacizumab)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	History and physical or clinical notes, including anticipated length of use.
E0184	Dry pressure mattress	History and physical or clinical notes, including anticipated length of use.
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	History and physical or clinical notes, including anticipated length of use.
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	History and Physical or clinical notes, including anticipated length of use
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	History and Physical or clinical notes, including anticipated length of use
E0250	Hospital bed, fixed height, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0251	Hospital bed, fixed height, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	History and Physical or clinical notes, including anticipated length of use

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E0271	Mattress, innerspring	History and physical or clinical notes, including anticipated length of use.
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0290	Hospital bed, fixed height, without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0291	Hospital bed, fixed height, without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	History and physical or clinical notes, including anticipated length of use
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	History and physical or clinical notes, including anticipated length of use

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use
E0305	Bed side rails, half length	History and physical or clinical notes.
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	History and physical or clinical notes, including anticipated length of use.
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Fax BA to Dental Review Doc Req - Type of appliance, dx (e.g. TMJ, OSA). TMJ - narrative of therapeutic proc and hx of re-occurring TMJ. OSA - chart notes and a copy of diagnostic sleep studies.
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Letter of medical necessity, including condition being treated.
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Letter of medical necessity, including condition being treated.
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Letter of medical necessity, including condition being treated.
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.
E0705	Transfer device, any type, each	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	History and physical, family history, clinical documentation supporting testing
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment.
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0935	Continuous passive motion exercise device for use on knee only	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0936	Continuous passive motion exercise device for use other than knee	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Letter of medical Necessity supporting need for the wheelchair accessory.
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Letter of medical Necessity supporting need for the wheelchair accessory.
E1037	Transport chair, pediatric size	Letter of medical Necessity supporting need for the wheelchair accessory.
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E1239	Power wheelchair, pediatric size, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E1310	Whirlpool, nonportable (built-in type)	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2301	Wheelchair accessory, power standing system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
E2609	Custom fabricated wheelchair seat cushion, any size	History and physical or clinical notes, including anticipated length of use.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	History and physical or clinical notes, including anticipated length of use.
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	History and physical or clinical notes, including anticipated length of use.
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	History and physical or clinical notes, including anticipated length of use.
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	Recent history and physical, plan of care, and documentation of medical necessity.
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Recent history and physical, plan of care, and documentation of medical necessity.
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0219	Pet imaging whole body; melanoma for non-covered indications	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0235	Pet imaging, any site, not otherwise specified	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
G0248	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0249	Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0252	Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Recent history and physical, plan of care, and documentation of medical necessity.
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6001	Ultrasonic guidance for placement of radiation therapy fields	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: up to 5 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 6-10 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 11-19 mev	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
G9006	Coordinated care fee, home monitoring	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
G9012	Personal Care Consumer-Directed Advertisement Reimbursement Fee	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
H0019	Transitional Living Services	For Service Request, please contact customer service representative
H2024	Supported employment, per diem	Care Plan, NFLOC, documentation that all vocational rehabilitation supports have been exhausted.
J0129	Orencia (abatacept)	Recent history and physical, plan of care, and documentation of medical necessity.
J0180	Fabrazyme (agalsidase beta)	Recent history and physical, plan of care, and documentation of medical necessity.
J0202	Lemtrada (alemtuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J0221	Lumizyme (alglucosidase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
J0490	Benlysta (belimumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J0565	Zinplava (bezlotoxumab)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J0584	Injection, burosumab-twza, 1 mg	Letter of medical necessity, including condition being treated.
J0585	Botox (onabotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.
J0586	Dysport (abobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.
J0587	Myobloc (rimabotulinumtoxinB)	Recent history and physical, plan of care, and documentation of medical necessity.
J0588	Xeomin (incobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.
J0598	Cinryze (C1 esterase inhibitor)	Recent history and physical, plan of care, and documentation of medical necessity.
J0638	Ilaris (canakinumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J0717	Cimzia (certolizumab pegol)	Recent history and physical, plan of care, and documentation of medical necessity.
J0775	Xiaflex (collagenase, clostridium histolyticum)	Recent history and physical, plan of care, and documentation of medical necessity.
J0800	H.P. Acthar (corticotropin)	Recent history and physical, plan of care, and documentation of medical necessity.
J0881	Aranesp (darbepoetin alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
J0882	Aranesp (darbepoetin alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
J0885	Procrit (epoetin alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
J0887	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.
J0888	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.
J1071	testosterone cypionate	Recent history and physical, plan of care, and documentation of medical necessity.
J1290	Kalbitor (ecallantide)	Recent history and physical, plan of care, and documentation of medical necessity.
J1300	Soliris (eculizumab)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J1322	Vimizim (elosulfase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
J1325	Flolan, Veletri (epoprostenol)	Recent history and physical, plan of care, and documentation of medical necessity.
J1428	Exondys 51 (eteplirsen)	Recent history and physical, plan of care, and documentation of medical necessity.
J1458	Naglazyme (galsulfase)	Recent history and physical, plan of care, and documentation of medical necessity.
J1459	Privigen (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1555	Cuvitru (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1556	Bivigam (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1557	Gammaplex (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1559	Hizentra (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Recent history and physical, plan of care, and documentation of medical necessity.
J1562	Vivaglobin (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1566	Carimune, Gammagard S-D (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1568	Octagam (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1569	Gammagard (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1572	Flebogamma (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1575	HyQvia (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.
J1599	IVIG (immune globulin intravenous)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J1602	Simponi Aria (golimumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J1627	Sustol (granisetron extended release)	Recent history and physical, plan of care, and documentation of medical necessity.
J1675	histrelin acetate	Recent history and physical, plan of care, and documentation of medical necessity.
J1726	Makena (hydroxyprogesterone caproate)	Recent history and physical, plan of care, and documentation of medical necessity.
J1729	Makena (hydroxyprogesterone caproate)	Recent history and physical, plan of care, and documentation of medical necessity.
J1743	Elaprase (idursulfase)	Recent history and physical, plan of care, and documentation of medical necessity.
J1745	Remicade (infliximab)	Recent history and physical, plan of care, and documentation of medical necessity.
J1746	Injection, ibalizumab-uiyk, 10 mg	Letter of medical necessity, including condition being treated.
J1786	Aldurazyme (laronidase)	Recent history and physical, plan of care, and documentation of medical necessity.
J1930	Somatuline Depot (lanreotide)	Recent history and physical, plan of care, and documentation of medical necessity.
J1931	Aldurazyme (laronidase)	Recent history and physical, plan of care, and documentation of medical necessity.
J1950	Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	Recent history and physical, plan of care, and documentation of medical necessity.
J2182	Nucala (mepolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J2278	Prialta (ziconotide)	Recent history and physical, plan of care, and documentation of medical necessity.
J2320	nandrolone decanoate	Recent history and physical, plan of care, and documentation of medical necessity.
J2323	Tysabri (natalizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J2326	Spinraza (nusinersen)	Recent history and physical, plan of care, and documentation of medical necessity.
J2350	Ocrevus (ocrelizumab)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J2357	Xolair (omalizumab),	Recent history and physical, plan of care, and documentation of medical necessity.
J2502	Signifor LAR (pasireotide)	Recent history and physical, plan of care, and documentation of medical necessity.
J2507	Krystexxa (pegloticase)	Recent history and physical, plan of care, and documentation of medical necessity.
J2562	Mozobil (plerixafor)	Recent history and physical, plan of care, and documentation of medical necessity.
J2786	Cinqair (reslizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J2840	Humatrope, Saizen (somatropin)	Recent history and physical, plan of care, and documentation of medical necessity.
J2860	Sylvant (siltuximab)	Recent history and physical, plan of care, and documentation of medical necessity.
J2941	Humatrope, Saizen (somatropin)	Recent history and physical, plan of care, and documentation of medical necessity.
J3060	Elelyso (taliglucerase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
J3121	testosterone enanthate	Recent history and physical, plan of care, and documentation of medical necessity.
J3145	Aveed (testosterone undecanoate)	Recent history and physical, plan of care, and documentation of medical necessity.
J3245	Injection, tildrakizumab, 1 mg	Letter of medical necessity, including condition being treated.
J3262	Actemra (tocilizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J3285	Remodulin (treprostinil)	Recent history and physical, plan of care, and documentation of medical necessity.
J3315	Trelstar (triptorelin pamoate)	Recent history and physical, plan of care, and documentation of medical necessity.
J3358	Stelara (ustekinumab for intravenous use)	Recent history and physical, plan of care, and documentation of medical necessity.
J3380	Entyvio (vedolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J3385	Vpriv (velaglucerase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Letter of medical necessity, including condition being treated.
J3590	Aliqopa (copanlisib), Luxturna (voretigene neparvovec-rzyl), Kymriah (tisagenlecleucel), Luxturna (voretigene neparvovec-rzyl), Radicava (edaravone), Retacrit (epoetin alfa-epbx), Rituxan Hycela (rituximab/hyaluronidase human), Sublocade (buprenorphine extended-release), Makena (hydroxyprogesterone caproate), Triptodur (triptorelin), Vyxeos (daunorubicin and cytarabine), Besponsa (inotuzumab ozogamicin), Fasentra (benralizumab), Yescarta (axicabtagene ciloleucel)	Recent history and physical, plan of care, and documentation of medical necessity.
J7178	Fibryga, RiaSTAP (human fibrinogen concentrate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7320	Genvisc 850 (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7321	Hyalgan (sodium hyaluronate), Supartz, Supartz FX (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7322	Hymovis (high molecular weight viscoelastic hyaluronan)	Recent history and physical, plan of care, and documentation of medical necessity.
J7323	Euflexxa (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7324	Orthovisc (high molecular weight hyaluronan)	Recent history and physical, plan of care, and documentation of medical necessity.
J7325	Synvisc (sodium hyaluronate), Synvisc-ONE (hylan G-F 20)	Recent history and physical, plan of care, and documentation of medical necessity.
J7326	Gel-One (cross-linked hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7327	Monovisc (lightly cross-linked hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7328	Gel-Syn 3 (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.
J7340	Duopa (carbidopa/levodopa enteral suspension)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J9022	Tecentriq (atezolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9023	Bavencio (avelumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9032	Beleodaq (belinostat)	Recent history and physical, plan of care, and documentation of medical necessity.
J9035	Avastin (bevacizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9039	Blinicyto (blinatumomab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9042	Adcetris (brentuximab vedotin)	Recent history and physical, plan of care, and documentation of medical necessity.
J9043	Jevtana (cabazitaxel)	Recent history and physical, plan of care, and documentation of medical necessity.
J9047	Kyprolis (carfilzomib)	Recent history and physical, plan of care, and documentation of medical necessity.
J9145	Darzalex (daratumumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9155	Firmagon (degarelix)	Recent history and physical, plan of care, and documentation of medical necessity.
J9176	Empliciti (elotuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9202	Zoladex (goserelin acetate implant)	Recent history and physical, plan of care, and documentation of medical necessity.
J9203	Mylotarg (gemtuzumab ozogamicin)	Recent history and physical, plan of care, and documentation of medical necessity.
J9205	Onivyde (irinotecan liposome)	Recent history and physical, plan of care, and documentation of medical necessity.
J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	Recent history and physical, plan of care, and documentation of medical necessity.
J9218	leuprolide acetate, non depot	Recent history and physical, plan of care, and documentation of medical necessity.
J9219	Viadur (leuprolide acetate implant)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
J9225	Vantas (histrelin implant)	Recent history and physical, plan of care, and documentation of medical necessity.
J9226	Supprelin LA (histrelin implant)	Recent history and physical, plan of care, and documentation of medical necessity.
J9228	Yervoy (ipilimumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9264	Abraxane (paclitaxel protein-bound particles)	Recent history and physical, plan of care, and documentation of medical necessity.
J9271	Keytruda (pembrolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9285	Opdivo (nivolumab), Lartruvo (olaratumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9295	Portrazza (necitumumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9299	Perjeta (pertuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9301	Gazyva (obinutuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9306	Perjeta (pertuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9308	Cyramza (ramucirumab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9310	Rituxan (rituximab)	Recent history and physical, plan of care, and documentation of medical necessity.
J9325	Imlygic (talimogene laherparepvec)	Recent history and physical, plan of care, and documentation of medical necessity.
J9352	Yondelis (trabectedin)	Recent history and physical, plan of care, and documentation of medical necessity.
J9354	Kadcyla (ado-trastuzumab emtansine)	Recent history and physical, plan of care, and documentation of medical necessity.
J9355	Herceptin (trastuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.
K0002	Standard hemi (low seat) wheelchair	History and physical or clinical notes, including anticipated length of use.
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.
K0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair.
K0108	Wheelchair component or accessory, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair.
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength. Documented inability to propel a manual chair.
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Recent history and physical, plan of care, and documentation of medical necessity.
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical or clinical notes, including anticipated length of use.
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	History and physical or clinical notes, including anticipated length of use.
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Past experience if any using similar equipment, evaluation of upper extremity strength.
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	History and physical or clinical notes, including anticipated length of use.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0462	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0464	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0700	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0810	Halo procedure, cervical halo incorporated into jacket vest	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L0861	Addition to halo procedure, replacement liner/interface material	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1300	Other scoliosis procedure, body jacket molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1310	Other scoliosis procedure, postoperative body jacket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1710	Legg Perthes orthotic, (Newington type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1720	Legg Perthes orthotic, trilateral, (Tachdijan type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1755	Legg Perthes orthotic, (Patten bottom type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	History and physical or clinical notes, including anticipated length of use.
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	History and physical or clinical notes, including anticipated length of use.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2132	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, soft, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2200	Addition to lower extremity, limited ankle motion, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L2265	Addition to lower extremity, long tongue stirrup	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2360	Addition to lower extremity, extended steel shank	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2390	Addition to lower extremity, offset knee joint, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2397	Addition to lower extremity orthosis, suspension sleeve	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2405	Addition to knee joint, drop lock, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2768	Orthotic side bar disconnect device, per bar	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2785	Addition to lower extremity orthosis, drop lock retainer, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2810	Addition to lower extremity orthosis, knee control, condylar pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2999	Lower extremity orthoses, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3334	Lift, elevation, heel, per inch	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3740	Elbow orthotic (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3962	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3973	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L3976	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3977	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3978	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSO) or spinal orthotic SO	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4002	Replacement strap, any orthosis, includes all components, any length, any type	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5010	Partial foot, molded socket, ankle height, with toe filler	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5050	Ankle, Symes, molded socket, SACH foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5100	Below knee, molded socket, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5647	Addition to lower extremity, below knee suction socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5700	Replacement, socket, below knee, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5707	Custom shaped protective cover, hip disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S) ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5910	Addition, endoskeletal system, below knee, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5930	Addition, endoskeletal system, high activity knee control frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5961		
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5980	All lower extremity prostheses, flex foot system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6000	Partial hand, thumb remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6010	Partial hand, little and/or ring finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L6020	Partial hand, no finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6029	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6694		
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, <u>pediatric</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, <u>pediatric</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, <u>pediatric</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, <u>lined or unlined</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, <u>lined or unlined</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use <u>with or without external power</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, <u>thumb or one finger remaining</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, <u>multiple fingers remaining</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, <u>no fingers remaining</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, <u>switch control of terminal device</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, <u>switch control of terminal device</u>	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8041	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.
L8627	Cochlear implant, external speech processor, component, replacement	Letter of medical necessity, including condition being treated.
L8628	Cochlear implant, external controller component, replacement	Letter of medical necessity, including condition being treated.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L8631	Metacarpal phalangeal joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Letter of medical necessity, including condition being treated.
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Letter of medical necessity, including condition being treated.
L8679	Implantable neurostimulator, pulse generator, any type	Letter of medical necessity, including condition being treated.
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	Recent history and physical, plan of care, and documentation of medical necessity.
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator. replacement only	Recent history and physical, plan of care, and documentation of medical necessity.
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Recent history and physical, plan of care, and documentation of medical necessity.
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Recent history and physical, plan of care, and documentation of medical necessity.
Q2040	Kymriah (tisagenlecleucel)	Recent history and physical, plan of care, and documentation of medical necessity.
Q2041	Yescarta (axicabtagene ciloleucel)	Recent history and physical, plan of care, and documentation of medical necessity.
Q2043	Provenge (sipuleucel-T)	Recent history and physical, plan of care, and documentation of medical necessity.
Q4081	Procrit (epoetin alfa), Epogen (epoetin alfa)	Recent history and physical, plan of care, and documentation of medical necessity.
Q4116	Alloderm, per square centimeter	Letter of medical necessity, including condition being treated.
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	Recent history and physical, plan of care, and documentation of medical necessity.
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.
Q4160	Nushield, per square centimeter	Letter of medical necessity, including condition being treated.
Q5103	Inflectra (infliximab-dyyb)	Recent history and physical, plan of care, and documentation of medical necessity.
Q5104	Renflexis (infliximab-abda)	Recent history and physical, plan of care, and documentation of medical necessity.
Q5105	Retacrit (epoetin alfa-epbx)	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
Q5106	Retacrit (epoetin alfa-epbx)	Recent history and physical, plan of care, and documentation of medical necessity.
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Recent history and physical, plan of care, and documentation of medical necessity.
S0157	Regranex (becaplermin gel)	Recent history and physical, plan of care, and documentation of medical necessity.
S0189	Testopel (testosterone pellets)	Recent history and physical, plan of care, and documentation of medical necessity.
S0265	Genetic counseling, under physician supervision, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band includes placement of subcutaneous port	Recent history and physical, plan of care, and documentation of medical necessity.
S2085	Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (less than 100 cm) roux-en-y gastroenterostomy	Recent history and physical, plan of care, and documentation of medical necessity.
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3841	Genetic testing for retinoblastoma	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3842	Genetic testing for von hippel-lindau disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3845	Genetic testing for alpha-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3846	Genetic testing for hemoglobin e beta-thalassemia	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs
S5022	Growth hormone therapy (e.g., protropin, humatrope)	Recent history and physical, plan of care, and documentation of medical necessity.
S5100	Day care services, adult; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
S5110	Home care training, family; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S5145	Treatment Foster Care (Centennial Care) Group Home (Montanna HMK) Foster care, Therapeutic	For Service Request, please contact customer service representative
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
S5165	Home modifications; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	eviCore - 1-855-252-1117 or https://www.evicore.com/healthplan/bcbs

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Recent history and physical, plan of care, and documentation of medical necessity.
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Chart notes for each home visit and therapy notes for each discipline providing treatment.
S9152	Speech therapy, re-evaluation	Chart notes for each home visit and therapy notes for each discipline providing treatment.
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	Recent history and physical, plan of care, and documentation of medical necessity.
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9470	Nutritional Counseling - 1 hour	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Recent history and physical, plan of care, and documentation of medical necessity.
T1002	Rn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
T1003	Lpn/lvn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
T2031	Assisted living; waiver, per diem	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
T2038	Community transition, waiver; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4533	Youth sized disposable incontinence product, brief/diaper, each	Recent history and physical, plan of care, and documentation of medical necessity.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4541	Incontinence product, disposable underpad, large, each	Recent history and physical, plan of care, and documentation of medical necessity.
T4542	Incontinence product, disposable underpad, small size, each	Recent history and physical, plan of care, and documentation of medical necessity.
T5999	Supply, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.
V2623	Prosthetic eye, plastic, custom	Letter of medical necessity, including condition being treated.
V2627	Scleral cover shell	Letter of medical necessity, including condition being treated.
V2628	Fabrication and fitting of ocular conformer	Letter of medical necessity, including condition being treated.
V5010	Assessment for hearing aid	Letter of medical necessity, including condition being treated.
V5011	Fitting/orientation/checking of hearing aid	Letter of medical necessity, including condition being treated.
V5014	Repair/modification of a hearing aid	Letter of medical necessity, including condition being treated.
V5060	Hearing aid, monaural, behind the ear	Letter of medical necessity, including condition being treated.
V5090	Dispensing fee, unspecified hearing aid	Letter of medical necessity, including condition being treated.
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	History and physical, operative report.
V5130	Binaural, in the ear	Letter of medical necessity, including condition being treated.
V5140	Binaural, behind the ear	Letter of medical necessity, including condition being treated.
V5180	Hearing aid, cros, behind the ear	Letter of medical necessity, including condition being treated.
V5200	Dispensing fee, cros	Letter of medical necessity, including condition being treated.
V5220	Hearing aid, bicros, behind the ear	Letter of medical necessity, including condition being treated.
V5240	Dispensing fee, bicros	Letter of medical necessity, including condition being treated.
V5253	Hearing aid, digitally programmable, binaural, bte	Letter of medical necessity, including condition being treated.
V5254	Hearing aid, digital, monaural, cic	Letter of medical necessity, including condition being treated.
V5255	Hearing aid, digital, monaural, itc	Letter of medical necessity, including condition being treated.
V5256	Hearing aid, digital, monaural, ite	Letter of medical necessity, including condition being treated.
V5258	Hearing aid, digital, binaural, cic	Letter of medical necessity, including condition being treated.
V5259	Hearing aid, digital, binaural, itc	Letter of medical necessity, including condition being treated.
V5260	Hearing aid, digital, binaural, ite	Letter of medical necessity, including condition being treated.
V5261	Hearing aid, digital, binaural, bte	Letter of medical necessity, including condition being treated.

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
V5273	Assistive listening device, for use with cochlear implant	Letter of medical necessity, including condition being treated.
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	Letter of medical necessity, including condition being treated.
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	Letter of medical necessity, including condition being treated.
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	Letter of medical necessity, including condition being treated.
V5284	Assistive listening device, personal fm/dm, ear level receiver	Letter of medical necessity, including condition being treated.
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	Letter of medical necessity, including condition being treated.
V5286	Assistive listening device, personal blue tooth fm/dm receiver	Letter of medical necessity, including condition being treated.
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	Letter of medical necessity, including condition being treated.
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	Letter of medical necessity, including condition being treated.
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	Letter of medical necessity, including condition being treated.
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being treated.
V5299	Hearing service, miscellaneous	Letter of medical necessity, including condition being treated.
Behavioral Health		
T1005	Respite care services, up to 15 minutes	Requires a PA is service is beyond annual limit of 30 days or 720 hours
T1026 UC U4	Applied Behavioral Analysis	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
T1026 UC, U3	Applied Behavioral Analysis	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
T1026 UC, U5	Applied Behavioral Analysis	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
T1026 UD, U3	Applied Behavioral Analysis	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
T1026 UD, U4	Applied Behavioral Analysis	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
T1026 UD, U5	Applied Behavioral Analysis	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
T1027	Infant Mental Health	For Service Request, please contact customer service representative
H0017	Accredited Residential Treatment - Clinically Monitored Low Intensity (ASAM 3.1)	For Service Request, please contact customer service representative
H0010	Accredited Residential Treatment - Clinically Monitored Medium to High Intensity (ASAM 3.2WM, 3.2,3.3,3.5)	For Service Request, please contact customer service representative
H0011	Accredited Residential Treatment - Medically Monitored (ASAM 3.7 and 3.7WM)	For Service Request, please contact customer service representative
S0201	Partial Hospitalization	For Service Request beyond 45 days of treatment, please contact customer service representative
97153	ABA Adaptive Behavioral Treatment by Protocol	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
97154	ABA Group Adaptive Behavioral Treatment by Protocol	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
97155	ABA Adaptive Behavioral Treatment by Protocol	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
97156	ABA Family Adaptive Behavior Treatment Guidance	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf

CPT® and HCPCS codes that require authorization	Description of procedure Code	Medical Records Request information required
97157	Multi Family Group Adaptive Behavior Treatment Guidance	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
97158	ABA Adaptive Behavioral Treatment Social Skills Group	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf
0373T	ADAPT BHV TX EA 15 MIN	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form . https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf

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