Prior Authorization Requirement Updates

January 6, 2026

This document reflects the most recent updates to prior authorization requirements. To determine if a service requires an authorization or to submit a prior authorization request, visit the mibluecrosscomplete.com under the Prior Authorization Resources. As a reminder, when you do need to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool at mibluecrosscomplete.com.

Prior Authorization requirements are applicable to participating and non-participating providers**.** Noncontracted Laboratories must obtain authorization for all services rendered.

For medications covered under the medical benefit that require authorization, providers are encouraged to submit authorization requests using the *Blue Cross Complete Medication Prior Authorization Request form*, which is available at mibluecrosscomplete.com. The completed form must be faxed to **PerformRx at 1-855-811-9326**. **Note:** An authorization does not guarantee payment.

CPT code(s)	Service Description	Summary
78700	Kidney imaging morphology	**Effective 1/1/2026 - No Prior Auth required**
80321	Alcohol biomarkers; 1 or 2	**Effective 1/1/2026 - No Prior Auth required**
80354	Fentanyl	**Effective 1/1/2026 - No Prior Auth required**
80356	Heroin metabolite	**Effective 1/1/2026 - No Prior Auth required**
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	**Effective 1/1/2026 - No Prior Auth required**
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	**Effective 1/1/2026 - No Prior Auth required**
84482	Triiodothyronine T3; reverse	**Effective 1/1/2026 - No Prior Auth required**
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood	**Effective 1/1/2026 - No Prior Auth required**
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	**Effective 1/1/2026 - No Prior Auth required**
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	**Effective 1/1/2026 - No Prior Auth required**
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	**Effective 1/1/2026 - No Prior Auth required**
97022	Application of a modality to 1 or more areas; whirlpool	**Effective 1/1/2026 - No Prior Auth required**
97139	Unlisted therapeutic procedure (specify)	**Effective 1/1/2026 - No Prior Auth required**
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	**Effective 1/1/2026 - No Prior Auth required**
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	**Effective 1/1/2026 - No Prior Auth required**
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	**Effective 1/1/2026 - No Prior Auth required**
99173	Screening test of visual acuity, quantitative, bilateral	**Effective 1/1/2026 - No Prior Auth required**
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	**Effective 1/1/2026 - No Prior Auth required**
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	**Effective 1/1/2026 - No Prior Auth required**
J1030	Injection, methylprednisolone acetate, 40 mg	**Effective 1/1/2026 - No Prior Auth required**
J1040	Injection, methylprednisolone acetate, 80 mg	**Effective 1/1/2026 - No Prior Auth required**
J1745	Injection, infliximab, excludes biosimilar, 10 mg	**Effective 1/1/2026 - No Prior Auth required**
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	**Effective 1/1/2026 - No Prior Auth required**
J2430	Injection, pamidronate disodium, per 30 mg	**Effective 1/1/2026 - No Prior Auth required**
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	**Effective 1/1/2026 - No Prior Auth required**

Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	**Effective 1/1/2026 - No Prior Auth required**
J7507	Tacrolimus, immediate release, oral, 1 mg	**Effective 1/1/2026 - No Prior Auth required**
J7517	Mycophenolate mofetil, oral, 250 mg	**Effective 1/1/2026 - No Prior Auth required**
S9470	Nutritional counseling, dietitian visit	**Effective 1/1/2026 - No Prior Auth required**

Prior Authorization Request Updates

Types of service - outpatient/non-patient	Vendors
Laboratory	• Drugscan: 1-800-235-4890 • JVHL: 1-800-445-4979 • Quest Diagnostics: 1-866-697-8378
Nondiabetic DME, P&O and medical supplies	• Northwood, Inc.: Call 1-800-393-6432 to identify a contracted supplier.
Non-emergency diagnostic imaging services	• Evolent: 1-800-424-5351, • Evolent website: radmd.com