



# Prior Authorization Requirement Updates

April 2, 2025

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 [mibluccrosscomplete.com](http://mibluccrosscomplete.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 [mibluccrosscomplete.com](http://mibluccrosscomplete.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 [mibluccrosscomplete.com](http://mibluccrosscomplete.com). The completed form must be faxed to **PerformRx at 1-855-811-9326**. **Note:** An authorization does not guarantee payment.

**CPT codes, descriptions and two-digit numeric modifiers only are copyright 2023 American Medical Association. All rights reserved.**

CPT code(s)	Service Description	Summary
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma	Effective 4/1/2025 - Prior Authorization required
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	Effective 4/1/2025 - Prior Authorization required
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	Effective 4/1/2025 - Prior Authorization required
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	Effective 4/1/2025 - Prior Authorization required
0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	Effective 4/1/2025 - Prior Authorization required
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	Effective 4/1/2025 - No Prior Authorization required
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	Effective 4/1/2025 - Prior Authorization required
0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	Effective 4/1/2025 - Prior Authorization required
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	Effective 4/1/2025 - Prior Authorization required
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	Effective 4/1/2025 - Prior Authorization required
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score	Effective 4/1/2025 - Prior Authorization required



# Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
0542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status	Effective 4/1/2025 - Prior Authorization required
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	Effective 4/1/2025 - Prior Authorization required
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	Effective 4/1/2025 - Prior Authorization required
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Effective 4/1/2025 - Prior Authorization required
0546U	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Effective 4/1/2025 - Prior Authorization required
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	Effective 4/1/2025 - Prior Authorization required
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	Effective 4/1/2025 - Prior Authorization required
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	Effective 4/1/2025 - Prior Authorization required
0550U	Oncology (prostate), enzyme-linked immunosorbent assays (ELISA) for total prostate-specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	Effective 4/1/2025 - Prior Authorization required
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	Effective 4/1/2025 - Prior Authorization required
A2030	Miro3d fibers, per milligram	Effective 4/1/2025 - Prior Authorization required
A2031	Mirodry wound matrix, per square centimeter	Effective 4/1/2025 - Prior Authorization required
A2032	Myriad matrix, per square centimeter	Effective 4/1/2025 - Prior Authorization required
A2033	Myriad morcells, 4 milligrams	Effective 4/1/2025 - Prior Authorization required
A2034	Foundation drs solo, per square centimeter	Effective 4/1/2025 - Prior Authorization required
A2035	Corplex p or theracor p or allacor p, per milligram	Effective 4/1/2025 - Prior Authorization required
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	Effective 4/1/2025 - Prior Authorization required if more than \$750
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	Effective 4/1/2025 - Prior Authorization required if more than \$750
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	Effective 4/1/2025 - Prior Authorization required if more than \$750
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	Effective 4/1/2025 - Prior Authorization required if more than \$750
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Effective 4/1/2025 - Prior Authorization required if more than \$750
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	Effective 4/1/2025 - Prior Authorization required if more than \$750



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A9154	Artificial saliva, 1 ml	Effective 4/1/2025 - No Prior Authorization required
A9611	Flurpiridaz f 18, diagnostic, 1 millicurie	Effective 4/1/2025 - No Prior Authorization required
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	Effective 4/1/2025 - No Prior Authorization required
C8005	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (pef) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	Effective 4/1/2025 - No Prior Authorization required
E0201	Penile contracture device, manual, greater than 3 lbs traction force	Effective 4/1/2025 - Prior Authorization required
E1022	Wheelchair transportation securement system, any type includes all components and accessories	Effective 4/1/2025 - Prior Authorization required if more than \$750
E1023	Wheelchair transit securement system, includes all components and accessories	Effective 4/1/2025 - Prior Authorization required if more than \$750
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Effective 4/1/2025 - Prior Authorization required if more than \$750
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Effective 4/1/2025 - Prior Authorization required if more than \$750
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Effective 4/1/2025 - Prior Authorization required if more than \$750
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Effective 4/1/2025 - Prior Authorization required if more than \$750
G0183	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from ct scan(s) data of the chest/heart (with or without contrast)	Effective 4/1/2025 - No Prior Authorization required
G0566	3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy	Effective 4/1/2025 - No Prior Authorization required
G0567	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, screening, amplified probe technique	Effective 6/27/2024 - No Prior Authorization required
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 4/1/2025 - Prior Authorization required if more than \$750
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	Effective 4/1/2025 - Prior Authorization required if more than \$750
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	Effective 4/1/2025 - Prior Authorization required if more than \$750
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	Effective 4/1/2025 - Prior Authorization required
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by l6692	Effective 4/1/2025 - Prior Authorization required
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Effective 4/1/2025 - Prior Authorization required



# Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
L6030	Upper extremity addition, external frame, partial hand including fingers	Effective 4/1/2025 - Prior Authorization required
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Effective 4/1/2025 - Prior Authorization required
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Effective 4/1/2025 - Prior Authorization required
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Effective 4/1/2025 - Prior Authorization required
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Effective 4/1/2025 - Prior Authorization required
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	Effective 4/1/2025 - Prior Authorization required
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	Effective 4/1/2025 - Prior Authorization required
Q4354	Palingen dual-layer membrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4357	Xwrap plus, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4358	Xwrap dual, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4359	Choriplus, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4360	Amchoplast fd, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4361	Epixpress, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4362	Cygnus disk, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Effective 4/1/2025 - Prior Authorization required
Q4367	Amniocore sl, per square centimeter	Effective 4/1/2025 - Prior Authorization required
S4024	Air polymer-type a intrauterine foam, per study dose	Effective 4/1/2025 - No Prior Authorization required
C9300	Injection, indigotindisulfonate sodium, 1 mg	Effective 4/1/2025 - No Prior Authorization required
C9301	Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Effective 4/1/2025 - No Prior Authorization required
C9302	Injection, zanidatamab-hrii, 2 mg	Effective 4/1/2025 - No Prior Authorization required
C9303	Injection, zolbetuximab-clzb, 1 mg	Effective 4/1/2025 - No Prior Authorization required



# Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
C9304	Injection, marstacimab-hncq, 0.5 mg	Effective 4/1/2025 - Prior Authorization required
J0281	Injection, aminocaproic acid, 1 gram	Effective 4/1/2025 - No Prior Authorization required
J1072	Injection, testosterone cypionate (azmiro), 1 mg	Effective 4/1/2025 - Prior Authorization required
J1271	Injection, doxycycline hyclate, 1 mg	Effective 4/1/2025 - No Prior Authorization required
J1299	Injection, eculizumab, 2 mg	Effective 4/1/2025 - Prior Authorization required
J1308	Injection, famotidine, 0.25 mg	Effective 4/1/2025 - No Prior Authorization required
J1808	Injection, folic acid, 0.1 mg	Effective 4/1/2025 - No Prior Authorization required
J1938	Injection, furosemide, 1 mg	Effective 4/1/2025 - No Prior Authorization required
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Effective 4/1/2025 - Prior Authorization required
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	Effective 4/1/2025 - Prior Authorization required, <b>Carve Out</b>
J2804	Injection, rifampin, 1 mg	Effective 4/1/2025 - No Prior Authorization required
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Effective 4/1/2025 - No Prior Authorization required
J7521	Tacrolimus, granules, oral suspension, 0.1 mg	Effective 4/1/2025 - Prior Authorization required
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Effective 4/1/2025 - No Prior Authorization required
J9038	Injection, axatilimab-csfr, 0.1 mg	Effective 4/1/2025 - Prior Authorization required
J9054	Injection, bortezomib (boruzu), 0.1 mg	Effective 4/1/2025 - No Prior Authorization required
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Effective 4/1/2025 - No Prior Authorization required
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Effective 4/1/2025 - No Prior Authorization required
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Effective 4/1/2025 - No Prior Authorization required
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Effective 4/1/2025 - No Prior Authorization required
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Effective 4/1/2025 - No Prior Authorization required
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Effective 4/1/2025 - No Prior Authorization required
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Effective 4/1/2025 - No Prior Authorization required
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Effective 4/1/2025 - No Prior Authorization required
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	Effective 4/1/2025 - No Prior Authorization required



# Prior Authorization Request Updates

Types of service - outpatient/non-patient	Vendors
Laboratory	<ul style="list-style-type: none"><li>• Drugscan: 1-800-235-4890</li><li>• JVHL: 1-800-445-4979</li><li>• Quest Diagnostics: 1-866-697-8378</li></ul>
Nondiabetic DME, P&O and medical supplies	<ul style="list-style-type: none"><li>• Northwood, Inc.: Call 1-800-393-6432 to identify a contracted supplier.</li></ul>
Non-emergency diagnostic imaging services	<ul style="list-style-type: none"><li>• Evolent: 1-800-424-5351,</li><li>• Evolent website: <a href="http://radmd.com">radmd.com</a></li></ul>