



Prior Authorization Requirement Updates

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](#).

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.

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CPT code(s)	Service Description	Summary
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN FOUR LESIONS	Effective 5/1/2024 - Prior Authorization removed
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Effective 5/1/2024 - Prior Authorization removed
11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	Effective 5/1/2024 - Prior Authorization removed
11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Effective 5/1/2024 - Prior Authorization removed
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	Effective 5/1/2024 - Prior Authorization removed
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	Effective 5/1/2024 - Prior Authorization removed
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	Effective 5/1/2024 - Prior Authorization removed
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE	Effective 5/1/2024 - Prior Authorization removed
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR	Effective 5/1/2024 - Prior Authorization removed
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	Effective 5/1/2024 - Prior Authorization removed
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	Effective 5/1/2024 - Prior Authorization removed
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	Effective 5/1/2024 - Prior Authorization removed
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM	Effective 5/1/2024 - Prior Authorization removed
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	Effective 5/1/2024 - Prior Authorization removed
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM	Effective 5/1/2024 - Prior Authorization removed
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM	Effective 5/1/2024 - Prior Authorization removed
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM	Effective 5/1/2024 - Prior Authorization removed
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HAN	Effective 5/1/2024 - Prior Authorization removed
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HAN	Effective 5/1/2024 - Prior Authorization removed
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

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12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	Effective 5/1/2024 - Prior Authorization removed
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	Effective 5/1/2024 - Prior Authorization removed
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	Effective 5/1/2024 - Prior Authorization removed
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	Effective 5/1/2024 - Prior Authorization removed
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	Effective 5/1/2024 - Prior Authorization removed
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	Effective 5/1/2024 - Prior Authorization removed
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	Effective 5/1/2024 - Prior Authorization removed
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	Effective 5/1/2024 - Prior Authorization removed
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	Effective 5/1/2024 - Prior Authorization removed
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	Effective 5/1/2024 - Prior Authorization removed
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)	Effective 5/1/2024 - Prior Authorization removed
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LES	Effective 5/1/2024 - Prior Authorization removed
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR	Effective 5/1/2024 - Prior Authorization removed
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	Effective 5/1/2024 - Prior Authorization removed
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Effective 5/1/2024 - Prior Authorization removed
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; D	Effective 5/1/2024 - Prior Authorization removed
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	Effective 5/1/2024 - Prior Authorization removed
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANE	Effective 5/1/2024 - Prior Authorization removed
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANE	Effective 5/1/2024 - Prior Authorization removed
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO	Effective 5/1/2024 - Prior Authorization removed
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDR	Effective 5/1/2024 - Prior Authorization removed
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CH	Effective 5/1/2024 - Prior Authorization removed
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGI	Effective 5/1/2024 - Prior Authorization removed
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITI	Effective 5/1/2024 - Prior Authorization removed
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN	Effective 5/1/2024 - Prior Authorization removed
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	Effective 5/1/2024 - Prior Authorization removed
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	Effective 5/1/2024 - Prior Authorization removed
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	Effective 5/1/2024 - Prior Authorization removed
20702	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

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21011	"EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM"	Effective 5/1/2024 - Prior Authorization removed
21012	"EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER"	Effective 5/1/2024 - Prior Authorization removed
21013	"EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM"	Effective 5/1/2024 - Prior Authorization removed
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	Effective 5/1/2024 - Prior Authorization removed
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	Effective 5/1/2024 - Prior Authorization removed
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	Effective 5/1/2024 - Prior Authorization removed
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE	Effective 5/1/2024 - Prior Authorization removed
22830	EXPLORATION OF SPINAL FUSION	Effective 5/1/2024 - Prior Authorization removed
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITH IMPLANT	Effective 5/1/2024 - Prior Authorization removed
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Effective 5/1/2024 - Prior Authorization removed
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL ANGIO	Effective 5/1/2024 - Prior Authorization removed
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRAN	Effective 5/1/2024 - Prior Authorization removed
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRAN	Effective 5/1/2024 - Prior Authorization removed
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIO	Effective 5/1/2024 - Prior Authorization removed
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	Effective 5/1/2024 - Prior Authorization removed
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATI	Effective 5/1/2024 - Prior Authorization removed
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	Effective 5/1/2024 - Prior Authorization removed
55180	SCROTOPLASTY; COMPLICATED	Effective 5/1/2024 - Prior Authorization removed
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	Effective 5/1/2024 - Prior Authorization removed
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	Effective 5/1/2024 - Prior Authorization removed
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1	Effective 5/1/2024 - Prior Authorization removed
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE R	Effective 5/1/2024 - Prior Authorization removed
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EX	Effective 5/1/2024 - Prior Authorization removed
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EX	Effective 5/1/2024 - Prior Authorization removed
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR	Effective 5/1/2024 - Prior Authorization removed
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR	Effective 5/1/2024 - Prior Authorization removed
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR	Effective 5/1/2024 - Prior Authorization removed
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/O	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AN	Effective 5/1/2024 - Prior Authorization removed
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF TH	Effective 5/1/2024 - Prior Authorization removed
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DIS	Effective 5/1/2024 - Prior Authorization removed
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL	Effective 5/1/2024 - Prior Authorization removed
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL COR	Effective 5/1/2024 - Prior Authorization removed
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	Effective 5/1/2024 - Prior Authorization removed
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Effective 5/1/2024 - Prior Authorization removed
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Effective 5/1/2024 - Prior Authorization removed
64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Effective 5/1/2024 - Prior Authorization removed
64490	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JO	Effective 5/1/2024 - Prior Authorization removed
64491	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JO	Effective 5/1/2024 - Prior Authorization removed
64492	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JO	Effective 5/1/2024 - Prior Authorization removed
64493	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JO	Effective 5/1/2024 - Prior Authorization removed
64494	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JO	Effective 5/1/2024 - Prior Authorization removed
64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JO	Effective 5/1/2024 - Prior Authorization removed
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	Effective 5/1/2024 - Prior Authorization removed
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	Effective 5/1/2024 - Prior Authorization removed
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	Effective 5/1/2024 - Prior Authorization removed
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	Effective 5/1/2024 - Prior Authorization removed
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	Effective 5/1/2024 - Prior Authorization removed
67911	CORRECTION OF LID RETRACTION	Effective 5/1/2024 - Prior Authorization removed
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Effective 5/1/2024 - Prior Authorization removed
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

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81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VAR	Effective 5/1/2024 - Prior Authorization removed
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	Effective 5/1/2024 - Prior Authorization removed
81233	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS	Effective 5/1/2024 - Prior Authorization removed
81234	BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, C481S, C481R, C481F)	Effective 5/1/2024 - Prior Authorization removed
81240	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	Effective 5/1/2024 - Prior Authorization removed
81247	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT	Effective 5/1/2024 - Prior Authorization removed
81261	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (EG, A, A-)	Effective 5/1/2024 - Prior Authorization removed
81264	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABN	Effective 5/1/2024 - Prior Authorization removed
81267	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE REARRANGEMENT ANALYSIS, EVALUATI	Effective 5/1/2024 - Prior Authorization removed
81302	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PR	Effective 5/1/2024 - Prior Authorization removed
81328	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Effective 5/1/2024 - Prior Authorization removed
81383	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	Effective 5/1/2024 - Prior Authorization removed
81430	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); 1 ALLELE OR ALLELE GROUP (EG, HLA-DQB1 06:02P), EAC	Effective 5/1/2024 - Prior Authorization removed
81431	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING CDH23,	Effective 5/1/2024 - Prior Authorization removed
81434	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND DFNB1 DELET	Effective 5/1/2024 - Prior Authorization removed
81435	HEREDITARY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 1	Effective 5/1/2024 - Prior Authorization removed
82507	ASCORBIC ACID (VITAMIN C), BLOOD	Effective 5/1/2024 - Prior Authorization removed
87516	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION	Effective 5/1/2024 - Prior Authorization removed
87521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, AMPLIFIED PROBE TECHNIQUE	Effective 5/1/2024 - Prior Authorization removed
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, AMPLIFIED PROBE TECHNIQUE	Effective 5/1/2024 - Prior Authorization removed
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE TECHNIQUE	Effective 5/1/2024 - Prior Authorization removed
88120	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Effective 5/1/2024 - Prior Authorization removed
88262	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING INTERPRETATION BY PHYSICIAN	Effective 5/1/2024 - Prior Authorization removed
88273	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	Effective 5/1/2024 - Prior Authorization removed
88275	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR MICRODELETIONS)	Effective 5/1/2024 - Prior Authorization removed
91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH PHYSICIAN INTERPRETATION AND REPORT	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, W INTERPRETATION AND REPORT	Effective 5/1/2024 - Prior Authorization removed
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTAT	Effective 5/1/2024 - Prior Authorization removed
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTAT	Effective 5/1/2024 - Prior Authorization removed
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Effective 5/1/2024 - Prior Authorization removed
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	Effective 5/1/2024 - Prior Authorization removed
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN, MUST INCLUDE REVIEW AND INTERPRETATION OF A NEW HOME, OFFICE, OR LAB INTERNATIONAL NORMALIZED RATIO (INR) TEST RESULT,	Effective 5/1/2024 - Prior Authorization removed
95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST,	Effective 5/1/2024 - Prior Authorization removed
95705	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	Effective 5/1/2024 - Prior Authorization removed
95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	Effective 5/1/2024 - Prior Authorization removed
95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Effective 5/1/2024 - Prior Authorization removed
95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Effective 5/1/2024 - Prior Authorization removed
95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Effective 5/1/2024 - Prior Authorization removed
95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAI	Effective 5/1/2024 - Prior Authorization removed
95717	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed
95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed
95719	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EAC	Effective 5/1/2024 - Prior Authorization removed
95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EAC	Effective 5/1/2024 - Prior Authorization removed
95721	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed
95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed
95723	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed
95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INT	Effective 5/1/2024 - Prior Authorization removed
97016	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	Effective 5/1/2024 - Prior Authorization removed
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	Effective 5/1/2024 - Prior Authorization removed
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	Effective 5/1/2024 - Prior Authorization removed
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	Effective 5/1/2024 - Prior Authorization removed
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	Effective 5/1/2024 - Prior Authorization removed
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	Effective 5/1/2024 - Prior Authorization removed
97110	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	Effective 5/1/2024 - Prior Authorization removed
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANG	Effective 5/1/2024 - Prior Authorization removed
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION,	Effective 5/1/2024 - Prior Authorization removed
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	Effective 5/1/2024 - Prior Authorization removed
97129	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (Effective 5/1/2024 - Prior Authorization removed
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATO	Effective 5/1/2024 - Prior Authorization removed
97140	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATO	Effective 5/1/2024 - Prior Authorization removed
97530	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN	Effective 5/1/2024 - Prior Authorization removed
97533	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUN	Effective 5/1/2024 - Prior Authorization removed
97597	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DI	Effective 5/1/2024 - Prior Authorization removed
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET WITH/	Effective 5/1/2024 - Prior Authorization removed
97605	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET WITH/	Effective 5/1/2024 - Prior Authorization removed
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSES	Effective 5/1/2024 - Prior Authorization removed
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLE	Effective 5/1/2024 - Prior Authorization removed
97608	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLE	Effective 5/1/2024 - Prior Authorization removed
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Effective 5/1/2024 - Prior Authorization removed
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM	Effective 5/1/2024 - Prior Authorization removed
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDUR	Effective 5/1/2024 - Prior Authorization removed
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDUR	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT O	Effective 5/1/2024 - Prior Authorization removed
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT O	Effective 5/1/2024 - Prior Authorization removed
A0425	GROUND MILEAGE, PER STATUTE MILE	Effective 5/1/2024 - Prior Authorization removed
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	Effective 5/1/2024 - Prior Authorization removed
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	Effective 5/1/2024 - Prior Authorization removed
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Effective 5/1/2024 - Prior Authorization removed
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	Effective 5/1/2024 - Prior Authorization removed
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Effective 5/1/2024 - Prior Authorization removed
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	Effective 5/1/2024 - Prior Authorization removed
B4081	NASOGASTRIC TUBING WITH STYLET	Effective 5/1/2024 - Prior Authorization removed
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Effective 5/1/2024 - Prior Authorization removed
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Effective 5/1/2024 - Prior Authorization removed
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	Effective 5/1/2024 - Prior Authorization removed
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	Effective 5/1/2024 - Prior Authorization removed
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, V	Effective 5/1/2024 - Prior Authorization removed
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRAT	Effective 5/1/2024 - Prior Authorization removed
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES	Effective 5/1/2024 - Prior Authorization removed
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE PO	Effective 5/1/2024 - Prior Authorization removed
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, V	Effective 5/1/2024 - Prior Authorization removed
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMI	Effective 5/1/2024 - Prior Authorization removed
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, C	Effective 5/1/2024 - Prior Authorization removed
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Effective 5/1/2024 - Prior Authorization removed
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Effective 5/1/2024 - Prior Authorization removed
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Effective 5/1/2024 - Prior Authorization removed
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSE PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Effective 5/1/2024 - Prior Authorization removed
G0422	"INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION"	Effective 5/1/2024 - Prior Authorization removed
G0423	"INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION"	Effective 5/1/2024 - Prior Authorization removed
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	Effective 5/1/2024 - Prior Authorization removed
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQ CM	Effective 5/1/2024 - Prior Authorization removed
Q4196	PURAPLY AM, PER SQ CM	Effective 5/1/2024 - Prior Authorization removed
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSI	Effective 5/1/2024 - Prior Authorization removed
S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICES,	Effective 5/1/2024 - Prior Authorization removed
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFES	Effective 5/1/2024 - Prior Authorization removed



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESS	Effective 5/1/2024 - Prior Authorization removed
S9331	HOME INFUSION THERAPY, INTERMITTENT&NBSP;(LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES	Effective 5/1/2024 - Prior Authorization removed
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES,	Effective 5/1/2024 - Prior Authorization removed
S9351	HOME INFUSION THERAPY, CONTINUOUS ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVIC	Effective 5/1/2024 - Prior Authorization removed
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION,	Effective 5/1/2024 - Prior Authorization removed
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SER	Effective 5/1/2024 - Prior Authorization removed
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE	Effective 5/1/2024 - Prior Authorization removed
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATI	Effective 5/1/2024 - Prior Authorization removed
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMINISTRATIVE SERVICES, PR	Effective 5/1/2024 - Prior Authorization removed
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOUR, ADMINISTRATIVE SERVICES, PROF	Effective 5/1/2024 - Prior Authorization removed
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONA	Effective 5/1/2024 - Prior Authorization removed
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	Effective 5/1/2024 - Prior Authorization removed
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	Effective 5/1/2024 - Prior Authorization removed
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	Effective 5/1/2024 - Prior Authorization removed
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	Effective 5/1/2024 - Prior Authorization removed
V5130	BINAURAL, IN THE EAR	Effective 5/1/2024 - Prior Authorization removed
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	Effective 5/1/2024 - Prior Authorization removed
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	Effective 5/1/2024 - Prior Authorization removed

Types of service - outpatient/non-patient	Vendors
Laboratory	<ul style="list-style-type: none"> • Drugscan: 1-800-235-4890 • JVHL: 1-800-445-4979 • Quest Diagnostics: 1-866-697-8378
Nondiabetic DME, P&O and medical supplies	<ul style="list-style-type: none"> • Northwood, Inc.: Call 1-800-393-6432 to identify a contracted supplier.
Non-emergency diagnostic imaging services	<ul style="list-style-type: none"> • National Imaging Associates, Inc.: 1-800-424-5351; For a list of procedures NIA authorizes on behalf of Blue Cross Complete, refer to NIA's website, RadMd.com* or the Blue Cross Complete/NIA Medical Specialty Solutions Utilization Review Matrix document.