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Provider Alert

To: All Blue Cross Complete providers

Date: Jan. 29, 2026

Subject: Prior Authorization Rule Change

The following changes to Prior Authorization requirements will take effect:

Title	Codes	Change	Effective Date
PA Leakage Codes	C8908, C8929, C8930, G0379	No Prior Authorization Required	11/01/2025
Pharmacy code	J3241	Prior Authorization Required	5/01/2026
PA Reduction code	97533	Prior authorization is required after 72 visits/288 units, per year for members under the age of 21 and after 36 visits/144 units per year for members 21 years and older	5/01/2026

Code Description

C8908 - Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral

C8929 - Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler

C8930 - Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise

G0379 - Direct admission of patient for hospital observation care

J3241 – Injection, teprotumumab-trbw, 10 mg

97533 - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

As a reminder, when you do need to verify whether a service requires prior authorization, use the [Prior Authorization Lookup Tool](#) at mibluecrosscomplete.com. Please remember, the results of this tool are not a guarantee of coverage or authorization.

If you have questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.