

Prior Authorization Requirement Updates

Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Laboratory Services	0660U	Human papillomavirus (HPV), genotypes 18, 31, 33, and 35, cell-free DNA (cfDNA), whole blood, multiplex digital droplet PCR (ddPCR), quantitative	10/1/2026	Yes
Laboratory Services	0661U	Human papillomavirus (HPV), genotype 16, cell-free DNA (cfDNA), whole blood, digital droplet PCR (ddPCR), quantitative	10/1/2026	Yes
Laboratory Services	0662U	Transplantation medicine (kidney allograft rejection), mRNA, gene-expression profiling by real-time quantitative PCR of 12 genes (11 content and 1 housekeeping), urine, algorithm reported as a rejection risk score	10/1/2026	Yes
Laboratory Services	0663U	Obstetrics (fetal platelet antigen noninvasive prenatal test [NIPT]), cell-free DNA (cfDNA) sequence analysis for detection of fetal presence or absence of 1 human platelet antigen or more (HPA-1a, HPA-1b, HPA-3a, HPA-5b, and others) when performed, repor	10/1/2026	Yes
Laboratory Services	0664U	Transplantation medicine (kidney allograft failure), RNA expression transcriptome by next-generation sequencing (NGS), profiling of 13 genes, post-transplant peripheral blood, algorithm reported as a risk score for predicting progressive fibrosis in the k	10/1/2026	Yes
Laboratory Services	0665U	Hepatology (metabolic dysfunction-associated steatohepatitis [MASH]), enzyme-linked immunosorbent assay (ELISA) for YKL40 and quantitative reverse transcription polymerase chain reaction (RT-qPCR) for miR-34a-5p, serum, algorithm reported as a single scor	10/1/2026	Yes
Laboratory Services	0666U	Infectious disease (wound infection), DNA, multiplex real-time PCR, wound swab, detection of 27 microbial targets and 28 antibiotic resistance targets, reported as semiquantitative for bacterial and fungal targets, and qualitative for viral- and antibioti	10/1/2026	Yes
Laboratory Services	0667U	Inborn error of metabolism (primary mitochondrial disease), determination of fibroblast growth factor 21 (FGF21) concentration by enzyme-linked immunosorbent assay (ELISA), serum or plasma, diagnostic quantitative result	10/1/2026	Yes
Laboratory Services	0668U	Oncology (pancreas), DNA, genome sequence with 5-hydroxymethylcytosine (5hmC) enrichment and glycan biomarker analysis, whole blood or plasma, algorithm reported as cancer detected or not detected	10/1/2026	Yes
Laboratory Services	0669U	Infectious disease (Bartonella species, Borrelia species, and Babesia species), multiplex digital PCR for detection of DNA at the genus level for each species, blood, qualitative reporting of presence or absence of each pathogen at the genus level	10/1/2026	Yes
Laboratory Services	0670U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy number variants, duplications/deletions,	10/1/2026	Yes

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Laboratory Services	0671U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy number variants, duplications/deletions,	10/1/2026	Yes
Laboratory Services	0672U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat (STR) gene expansions, and variants in nonuniquely mappable regions, bl	10/1/2026	Yes
Laboratory Services	0673U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat (STR) gene expansions, and variants in nonuniquely mappable regions, bl	10/1/2026	Yes
Laboratory Services	0674U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, insertions/deletions, copy number variants, mobile element insertions, runs of homozygosity, aneuploidy, and invers	10/1/2026	Yes
Laboratory Services	0675U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, insertions/deletions, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity	10/1/2026	Yes
Laboratory Services	0676U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial	10/1/2026	Yes
Laboratory Services	0677U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial	10/1/2026	Yes
Laboratory Services	0678U	Oncology (hereditary cancer), genome sequence for 117 genes (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, blood, saliva, cul	10/1/2026	Yes
Laboratory Services	0679U	Oncology (hereditary hematologic cancer), genomic DNA, whole genome sequence (single-nucleotide variants, deletions/insertions, and characterized intronic variants), copy number variants, duplications/deletions, mobile element insertions and inversions, a	10/1/2026	Yes

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Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Laboratory Services	0680U	Tobacco use, DNA analysis of 1 methylation marker (cg05575921 [AHRR]), methylation-sensitive digital PCR, whole blood, algorithm reported as quantitative percentage methylation and estimated average cigarette use per day	10/1/2026	Yes
Laboratory Services	0681U	Tobacco use, DNA analysis of 2 methylation markers (1 content: cg05575921 [AHRR] and 1 normalizing: cg08141395), methylation-sensitive digital PCR, saliva, algorithm reported as quantitative percent methylation and estimated average cigarette use per day	10/1/2026	Yes
Laboratory Services	0682U	Oncology (lung cancer), DNA analysis of 1 methylation marker (cg05575921), methylation-sensitive digital PCR, whole blood, algorithm results reported as the 20-year-hazard ratio for lung cancer	10/1/2026	Yes
Laboratory Services	0683U	Oncology (lung cancer), DNA analysis of 2 methylation markers (1 content: cg05575921 and 1 normalizing: cg08141395), methylation-sensitive digital PCR, saliva, algorithm results reported as the 20-year-hazard ratio for lung cancer	10/1/2026	Yes
Laboratory Services	0684U	Alcohol use disorder, DNA analysis of 4 methylation markers (cg02583484, cg04987734, cg09935388, cg04583842), methylation-sensitive digital PCR, whole blood, algorithm reported as a summed T-score	10/1/2026	Yes
Laboratory Services	0685U	Alcohol use disorder, DNA analysis of 5 methylation markers (4 content: cg02583484, cg04987734, cg09935388, cg04583842, and 1 normalizing: cg08141395), methylation-sensitive digital PCR, whole blood or saliva, algorithm reported as a summed T-score	10/1/2026	Yes
Laboratory Services	0686U	Oncology (prostate), mRNA, next-generation sequencing (NGS) gene expression profiling of 22 genes, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score	10/1/2026	Yes
Laboratory Services	0687U	Comparative analysis using short tandem repeat (STR) markers, patient and comparative specimen, DNA, buccal swab and tissue, reported match or mismatch	10/1/2026	Yes
Laboratory Services	0688U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD), next-generation sequencing (NGS), circulating tumor DNA (ctDNA) analysis in whole blood and tumor for baseline assessment to evaluate current MRD status and for comparisons to subse	10/1/2026	Yes
Laboratory Services	0689U	Oncology (colorectal cancer), analysis of minimal residual disease (MRD) using patient-specific assays, reported as amount of circulating tumor DNA (ctDNA) detection and trend over time	10/1/2026	Yes
Laboratory Services	0690U	Transplantation medicine (allograft rejection), quantification of donor-derived cell-free DNA (cfDNA) using digital PCR analysis of 45 single-nucleotide polymorphisms, plasma, reported as quantity of donor-derived cfDNA in plasma to determine the probabil	10/1/2026	Yes

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Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Laboratory Services	0691U	Carrier screening (cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia, and Duchenne muscular dystrophy), genomic sequence analysis panel, 6 genes (CFTR, SMN1, HBB, HBA1, HBA2, DMD)	10/1/2026	Yes
Laboratory Services	0692U	Cardiology (peripheral artery disease [PAD]), analysis of 3 proteins (midkine, angiopoietin-1, and kidney injury molecule-1 [KIM-1]), immunoassay, plasma, algorithm reported as a risk score for obstructive PAD	10/1/2026	Yes
Laboratory Services	0693U	Oncology (head and neck), circulating tumor DNA (ctDNA), tumor-informed next-generation sequencing (NGS) analysis for 699 genes of patient-specific somatic variants identified from primary tumor tissue, postoperative lymphatic exudate specimen, algorithm	10/1/2026	Yes
Laboratory Services	0694U	Oncology (monoclonal gammopathy), immunoprecipitation and matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF) mass spectrometry, identification of intact monoclonal immunoglobulin isotypes (IgG, IgA, IgM, kappa, lambda), and M-protein c	10/1/2026	Yes
Laboratory Services	0695U	Oncology (central nervous system), low-pass whole genome sequence analysis of cerebrospinal fluid, interrogation for chromosome arm-level and focal losses and gains	10/1/2026	Yes
Laboratory Services	0696U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, RNA analysis, 350 or more genes for RNA alterations (eg, gene rearrangements and splice isoforms)	10/1/2026	Yes
Laboratory Services	0697U	Obesity, DNA genotyping, analysis of up to 41 genes, buccal swab or blood specimen, patient biometrics, risk-score algorithm to identify a predisposition to up to 4 phenotypes, reported as likelihood to benefit from therapeutics	10/1/2026	Yes
Laboratory Services	0698U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxy-terminal hydrolase L1 (UCHL1), immunoassay, serum or plasma, individual components reported with the overall result of positive or negative based	10/1/2026	Yes
Category III	1054T	Focused non-shock wave ultrasonic propulsion of residual stone fragment(s) post-lithotripsy, unilateral, including ultrasound guidance, fragment(s) less than or equal to 5 mm	10/1/2026	No
Category III	1055T	Intraoperative radiofrequency ablation of lumpectomy cavity, unilateral, including applicator placement and removal (List separately in addition to code for primary procedure)	10/1/2026	No
Category III	1056T	Cochlear infusion of pharmacologic agent (ie, gene therapy vector), including mastoidectomy, labyrinthotomy, and repair of fenestrations	10/1/2026	No

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Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Category III	1057T	Insertion or replacement of subcutaneous neurostimulator pulse generators, with tunneling of 4 electrode arrays, bilateral supraorbital and occipital nerves, including all interrogation, programming, and imaging guidance, when performed	10/1/2026	Yes
Category III	1058T	Revision of implanted subcutaneous unilateral supraorbital and occipital neurostimulator system, including all interrogation, programming, and imaging guidance, when performed	10/1/2026	Yes
Category III	1059T	Removal of implanted subcutaneous unilateral supraorbital and occipital neurostimulator system	10/1/2026	Yes
Category III	1060T	Electronic analysis of implanted subcutaneous supraorbital-occipital neurostimulator pulse generator (eg, frequency, amplitude, pulse width, leads, electrode configuration); with complex programming by physician or other qualified health care professional	10/1/2026	No
Category III	1061T	Electronic analysis of implanted subcutaneous supraorbital-occipital neurostimulator pulse generator (eg, frequency, amplitude, pulse width, leads, electrode configuration); with simple programming by physician or other qualified health care professional	10/1/2026	No
Category III	1062T	Artificial insemination, transcervical intratubal, unilateral or bilateral, including imaging guidance	10/1/2026	Yes
Category III	1063T	Oncology (bladder), augmentative algorithmic analysis of histomorphologic features in digitized slides from formalin-fixed paraffin-embedded (FFPE) bladder cancer tissue (high-grade, non-muscle invasive), with clinicopathologic variables entered by the qu	10/1/2026	Yes
Category III	1064T	Oncology (bladder), augmentative algorithmic analysis of histomorphologic features in digitized slides from formalin-fixed paraffin-embedded (FFPE) bladder cancer tissue (high-grade, non-muscle invasive), with clinicopathologic variables entered by the qu	10/1/2026	Yes
Category III	1065T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; minor bladder lesion(s) (total lesion[s] diameters less than 0.5 cm)	10/1/2026	Yes
Category III	1066T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; small bladder lesion(s) (total lesion[s] diameters greater than or equal to 0.5 cm and less than 2.0 cm)	10/1/2026	Yes
Category III	1067T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; medium bladder lesion(s) (total lesion[s] diameters greater than or equal to 2.0 cm and less than 5.0 cm)	10/1/2026	Yes

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Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Category III	1068T	Cystourethroscopy, with CO2 cryotherapy spray, in a gaseous bladder environment with pressure monitoring, for treatment of; large bladder lesion(s) (total lesion[s] diameters greater than or equal to 5.0 cm)	10/1/2026	Yes
Category III	1069T	Mechanical extremity (ie, hands and feet) cryocompression; individual glove and boot supplies with initial measurement, fitting, and therapy education	10/1/2026	Yes
Category III	1070T	Mechanical extremity (ie, hands and feet) cryocompression; individual glove and boot placement, initiation of cooling pre-chemotherapy and continuing through chemotherapy administration	10/1/2026	Yes
Category III	1071T	Mechanical extremity (ie, hands and feet) cryocompression; post-chemotherapy treatment continuation, each 30 minutes (List separately in addition to code for primary procedure)	10/1/2026	Yes
Category III	1072T	Liver allograft, normothermic machine perfusion; each additional hour of monitoring and management (List separately in addition to code for primary procedure)	10/1/2026	Yes
Category III	1073T	Liver allograft, normothermic machine perfusion; decannulation	10/1/2026	Yes
Category III	1074T	Liver allograft, hypothermic oxygenated perfusion; cannulation	10/1/2026	Yes
Category III	1075T	Liver allograft, hypothermic oxygenated perfusion; connection to perfusion device	10/1/2026	Yes
Category III	1076T	Liver allograft, hypothermic oxygenated perfusion; monitoring and management, first 2 hours	10/1/2026	Yes
Category III	1077T	Liver allograft, hypothermic oxygenated perfusion; each additional hour of monitoring and management (List separately in addition to code for primary procedure)	10/1/2026	Yes
Category III	1078T	Liver allograft, hypothermic oxygenated perfusion; decannulation	10/1/2026	Yes
Category III	1079T	3D quantitative transmission water bath volumetric ultrasound tomography, breast, with augmentative algorithmic derivation of breast tissue composition (ie, fibroglandular volume), bilateral, with physician or other qualified health care professional inte	10/1/2026	Yes
Category III	1080T	Insertion, intracapsular magnifier, with attachment to previously placed intraocular lens	10/1/2026	Yes
Category III	1081T	Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; initial anastomosis	10/1/2026	Yes
Category III	1082T	Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; each additional anastomosis (List separately in addition to code for primary procedure)	10/1/2026	Yes
Category III	1083T	Stereotactic placement of infusion catheter(s), brain, for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)	10/1/2026	Yes

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Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Category III	1084T	Implantation of scaffolding allograft to reinforce the suprachoroidal space	10/1/2026	Yes
Category III	1085T	Assistive algorithmic analysis for identification of new lesions and determination of inter-lesion heterogeneity of change in metabolic activity and volume for advanced metastatic cancer, data sets from 2 or more previously acquired positron emission tomo	10/1/2026	Yes
Category III	1086T	Intraprocedural estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from real-time coronary angiography, with creation of functional map of coronary circulation, when performed, with review and interpretation (List se	10/1/2026	Yes
Category III	1087T	Estimate of coronary fractional flow derived by augmentative algorithmic analysis of data from previously acquired coronary angiogram, with creation of functional map of coronary circulation, when performed, with automated result	10/1/2026	Yes
Category III	1088T	Percutaneous application of high-frequency neuromodulation signals using microneedle electrode array for the treatment of nociceptive or neuropathic pain, including electrode placement and patient training, per day	10/1/2026	Yes
Category III	1089T	Intraoperative quantitative micro-elastography tissue characterization, including real-time imaging and physician assessment, per breast	10/1/2026	Yes
Category III	1090T	Attachment and insertion of intraocular lens prosthesis-mounted drug-eluting implant (List separately in addition to code for primary procedure)	10/1/2026	Yes
Category III	1091T	Placement of permanent common carotid artery filter, percutaneous, bilateral, including ultrasound guidance, when performed	10/1/2026	Yes
Category III	1092T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into chondral defect, open	10/1/2026	Yes
Category III	1093T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into a chondral or osteochondral defect, arthroscopic	10/1/2026	Yes
Category III	1094T	Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; each additional acellular scaffold implantation (List separately in addition to code for primary procedure)	10/1/2026	Yes
Category III	1095T	Harvesting and processing of autologous bone marrow aspirate concentrate (BMAC), with application onto scaffold or injection into anatomical recipient site (eg, subchondral bone, joint space, chondral lesion), including imaging guidance, when performed, f	10/1/2026	Yes
Category III	1096T	Injection(s) of thermoregulated multiphase suspension to demyelinate nerves innervating the knee joint, including imaging guidance, when performed	10/1/2026	Yes

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Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Category III	1097T	Oncology (pancreas), augmentative algorithmic analysis of histomorphologic features in digitized slides from formalin-fixed paraffin-embedded pancreatic cancer tissue, algorithm-derived parameters reported as prediction of response to fluorouracil backbone	10/1/2026	Yes
Category III	1098T	Placement of subretinal prosthesis, including vitrectomy	10/1/2026	Yes
Category III	1099T	Ablation of incompetent vein(s), extremity, transcutaneous, high intensity-focused ultrasound (HIFU), inclusive of all imaging guidance and monitoring	10/1/2026	Yes
Category III	1100T	Transcutaneous spinal neuromodulation programming, including history and physical examination, safety screening, selection and external placement of a multichannel spinal electrode pad, baseline spinal motor mapping, creation of individualized stimulation	10/1/2026	Yes
Category III	1101T	Transcutaneous spinal neuromodulation application in combination with therapeutic activities, direct (one-on-one) patient contact using dynamic activities to improve functional performance, including individualized external placement of a multichannel spi	10/1/2026	Yes
Category III	1102T	Intraoperative molecular assessment for lung tumor tissue, in-vivo (including assessment, when performed following lung resection), using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	10/1/2026	No
Category III	1103T	Intraoperative molecular assessment for ovarian, tubal, or peritoneal tumor tissue, in-vivo (including assessment, when performed following ovarian, tubal, or peritoneal resection), using computer-aided fluorescence imaging (List separately in addition to	10/1/2026	No
Category III	1104T	Noninvasive cardiopulmonary assessment, including quantitative parameters, respectively predictive of significant epicardial coronary artery disease, pulmonary hypertension, and/or elevated pulmonary capillary wedge pressure, derived by augmentative algor	10/1/2026	Yes
Category III	1105T	Personalized neurostimulation pulse rate derived by augmentative algorithmic analysis of data from electroencephalogram (EEG) and electrocardiogram (ECG), including acquisition of EEG and single-lead ECG, with automated report	10/1/2026	Yes
Category III	1106T	Oncology (breast), augmentative algorithmic analysis of histomorphologic features in digitized hematoxylin and eosin stained slides from formalin-fixed paraffin-embedded (FFPE) breast cancer tissue, algorithm-derived parameters reported as 5-year and 10-y	10/1/2026	Yes

Prior Authorization Requirement Updates

Service Code	Procedure Code	Procedure Code Description	Effective Date	Prior Authorization Required
Category III	1107T	Oncology (prostate), augmentative algorithmic analysis of histomorphologic features in digitized hematoxylin and eosin stained slide(s) from formalin-fixed paraffin-embedded (FFPE) prostate cancer tissue, algorithm-derived parameters reported as 10-year r	10/1/2026	Yes
Category III	1108T	Stereotactic intracerebral implantation of therapeutic agent, unilateral, including cranial access and intraoperative imaging guidance, when performed; 1 or more injections along a single trajectory	10/1/2026	Yes
Category III	1109T	Stereotactic intracerebral implantation of therapeutic agent, unilateral, including cranial access and intraoperative imaging guidance, when performed; 1 or more injections along multiple trajectories	10/1/2026	Yes
Category III	1110T	Stereotactic intracerebral delivery of therapeutic agent, by controlled infusion, unilateral, including cranial access and intraoperative imaging guidance, when performed; single trajectory	10/1/2026	Yes
Category III	1111T	Stereotactic intracerebral delivery of therapeutic agent, by controlled infusion, unilateral, including cranial access and intraoperative imaging guidance, when performed; multiple trajectories	10/1/2026	Yes
Medical/Surgical Supplies and Devices-Other Implants	A2046	DermiSphere hDRT, per sq cm (add-on, list separately in addition to primary procedure)	10/1/2026	Yes: Skin Subs require auth
Medical/Surgical Supplies and Devices-Other Implants	A2047	LacertaMatrix, per sq cm (add-on, list separately in addition to primary procedure)	10/1/2026	Yes: Skin Subs require auth
Medical/Surgical Supplies and Devices-Other Implants	A2048	PuraPly MZ, per mg	10/1/2026	Yes
Medical/Surgical Supplies and Devices-Other Implants	A2049	Theracor, per sq cm (add-on, list separately in addition to primary procedure)	10/1/2026	Yes: Skin Subs require auth
Medical/Surgical Supplies and Devices-Other Implants	A2050	Fibrillar Collagen Wound Dressing, per mg	10/1/2026	Yes
Medical/Surgical Supplies and Devices-Other Implants	A4228	Supplies for maintenance of noninsulin, device-drug combination infusion catheter, per week	10/1/2026	Yes
Medical/Surgical Supplies and Devices-Other Implants	A6614	Supplies and accessories for use with an external ocular negative pressure pump, any type, per month	10/1/2026	Yes
Diagnostic Radiopharmaceuticals	A9613	PiFluolastat F-18 (Pylarify TruVu), diagnostic, 1 mCi	10/1/2026	No
DME	E0788	Ambulatory infusion pump, specific device-drug combination, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	10/1/2026	Auth>\$750
DME	E2403	External ocular negative pressure pump, electric	10/1/2026	Auth>\$750
Behavioral Health	G0685	Algorithm-based assessment of likelihood of autism spectrum disorder (ASD), derived from validated analysis of eye-gaze data or other technology	10/1/2026	Yes: 96110- 96112- 96116

Prior Authorization Requirement Updates

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Orthotic Procedures and Devices	L1330	Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment	10/1/2026	Auth>\$750
Orthotic Procedures and Devices	L1972	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off-the-shelf	10/1/2026	Auth>\$750
Orthotic Procedures and Devices	L8697	External accessory for use with implantable phrenic nerve stimulation device, replacement, each	10/1/2026	Auth>\$750
Medical/Surgical Supplies and Devices-Other Implants	Q4207	Carbon Life, per sq cm (add-on, list separately in addition to primary procedure)	10/1/2026	Yes: Skin Subs require auth
Medical/Surgical Supplies and Devices-Other Implants	Q4223	DermaBind SL Optic, per sq cm (add-on, list separately in addition to primary procedure)	10/1/2026	Yes: Skin Subs require auth
Medical/Surgical Supplies and Devices-Other Implants	Q4243	AmchoMatrix, per sq cm (add-on, list separately in addition to primary procedure)	10/1/2026	Yes: Skin Subs require auth

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 mibluexcrosscomplete.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 mibluexcrosscomplete.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 mibluexcrosscomplete.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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