



Blue Cross Complete Prior Authorization Requirement Updates

Posting date: July 23, 2024

Summary: 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 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 mibluccrosscomplete.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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PT Codes	Service Description	Summary
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	Effective 6/1/2024 - Prior Authorization removed
11105	Punch biopsy of skin (including simple closure, each separate/additional lesion	Effective 6/1/2024 - Prior Authorization removed
11106	Incisional biopsy of skin (including simple closure, when performed); single lesion	Effective 6/1/2024 - Prior Authorization removed
11107	Incisional biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	Effective 6/1/2024 - Prior Authorization removed
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	Effective 6/1/2024 - Prior Authorization removed
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	Effective 6/1/2024 - Prior Authorization removed
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	Effective 6/1/2024 - Prior Authorization removed
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	Effective 6/1/2024 - Prior Authorization removed
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	Effective 6/1/2024 - Prior Authorization removed

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11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Effective 6/1/2024 - Prior Authorization removed
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	Effective 6/1/2024 - Prior Authorization removed
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	Effective 6/1/2024 - Prior Authorization removed
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	Effective 6/1/2024 - Prior Authorization removed
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	Effective 6/1/2024 - Prior Authorization removed
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	Effective 6/1/2024 - Prior Authorization removed
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	Effective 6/1/2024 - Prior Authorization removed
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	Effective 6/1/2024 - Prior Authorization removed
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	Effective 6/1/2024 - Prior Authorization removed
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	Effective 6/1/2024 - 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 6/1/2024 - Prior Authorization removed
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	Effective 6/1/2024 - Prior Authorization removed
12020	Treatment of superficial wound dehiscence; simple closure	Effective 6/1/2024 - Prior Authorization removed
12021	Treatment of superficial wound dehiscence; with packing	Effective 6/1/2024 - Prior Authorization removed
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	Effective 6/1/2024 - Prior Authorization removed
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	Effective 6/1/2024 - Prior Authorization removed
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	Effective 6/1/2024 - Prior Authorization removed
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	Effective 6/1/2024 - Prior Authorization removed
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	Effective 6/1/2024 - Prior Authorization removed
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	Effective 6/1/2024 - 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 procedure)	Effective 6/1/2024 - Prior Authorization removed
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less	Effective 6/1/2024 - Prior Authorization removed
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less	Effective 6/1/2024 - Prior Authorization removed
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	Effective 6/1/2024 - Prior Authorization removed
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	Effective 6/1/2024 - Prior Authorization removed
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Effective 6/1/2024 - Prior Authorization removed
14350	Filletted finger or toe flap, including preparation of recipient site	Effective 6/1/2024 - Prior Authorization removed
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues)	Effective 6/1/2024 - Prior Authorization removed
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	Effective 6/1/2024 - Prior Authorization removed
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Effective 6/1/2024 - Prior Authorization removed
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children,	Effective 6/1/2024 - Prior Authorization removed
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Effective 6/1/2024 - Prior Authorization removed
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	Effective 6/1/2024 - Prior Authorization removed
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	Effective 6/1/2024 - Prior Authorization removed
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Effective 6/1/2024 - Prior Authorization removed
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Effective 6/1/2024 - Prior Authorization removed
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	Effective 6/1/2024 - Prior Authorization removed
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary	Effective 6/1/2024 - Prior Authorization removed
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous	Effective 6/1/2024 - Prior Authorization removed
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous;	Effective 6/1/2024 - Prior Authorization removed
21013	Excision, tumor, soft tissue of face and scalp, subfascial	Effective 6/1/2024 - Prior Authorization removed
21181	Reconstruction by contouring of benign tumor of cranial bones, extracranial	Effective 6/1/2024 - Prior Authorization removed

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21199	Osteotomy, mandible, segmental; with genioglossus advancement	Effective 6/1/2024 - Prior Authorization removed
21275	Secondary revision of orbitocraniofacial reconstruction	Effective 6/1/2024 - Prior Authorization removed
22511	Percutaneous Vertebroplasty Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Effective 6/1/2024 - Prior Authorization removed
22513	Percutaneous Vertebral Augmentation, Including Cavity Creation	Effective 6/1/2024 - Prior Authorization removed
22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction and Bone Biopsy Included When Performed) Using Mechanical Device (eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive of All Imaging Guidance	Effective 6/1/2024 - Prior Authorization removed
22515	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation	Effective 6/1/2024 - Prior Authorization removed
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy and Decompression Of Spinal Cord and/or Nerve Roots; Cervical Below C2	Effective 6/1/2024 - Prior Authorization removed
22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy and Decompression of Spinal Cord And/or Nerve Roots; Cervical Below C2, Each Additional Interspace	Effective 6/1/2024 - Prior Authorization removed
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy to Prepare Interspace (Other Than for Decompression); Cervical Below C2	Effective 6/1/2024 - Prior Authorization removed
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy to Prepare Interspace (Other Than for Decompression); Each Additional Interspace	Effective 6/1/2024 - Prior Authorization removed
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Effective 6/1/2024 - Prior Authorization removed
22612	Arthrodesis, Posterior or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique)	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
22614	Arthrodesis, Posterior or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment	Effective 6/1/2024 - Prior Authorization removed
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/or Discectomy to Prepare Interspace (other than for decompression), Single Interspace; Each Additional Interspace	Effective 6/1/2024 - Prior Authorization removed
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace	Effective 6/1/2024 - Prior Authorization removed
22830	Exploration of spinal fusion	Effective 6/1/2024 - Prior Authorization removed
22853	Insertion Of Interbody Biomechanical Device(s)	Effective 6/1/2024 - Prior Authorization removed
22854	Insertion Of Intervertebral Biomechanical Device(s) (eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(ies) (Vertebral Body Resection, Partial Or Complete)	Effective 6/1/2024 - Prior Authorization removed
22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy with End Plate Preparation (Includes Osteophyctomy for Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical	Effective 6/1/2024 - Prior Authorization removed
22859	Insertion Of Intervertebral Biomechanical Device(s) (eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary	Effective 6/1/2024 - Prior Authorization removed
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	Effective 6/1/2024 - Prior Authorization removed
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level	Effective 6/1/2024 - Prior Authorization removed
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression or Fusion, Including Image Guidance When Performed, Lumbar; Second Level	Effective 6/1/2024 - Prior Authorization removed
27132	Conversion Of Previous Hip Surgery to Total Hip Arthroplasty, With or Without Autograft or Allograft	Effective 6/1/2024 - Prior Authorization removed
27134	Revision Of Total Hip Arthroplasty; Both Components, With or Without Autograft or Allograft	Effective 6/1/2024 - Prior Authorization removed
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With or Without Autograft or Allograft	Effective 6/1/2024 - Prior Authorization removed
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With or Without Autograft or Allograft	Effective 6/1/2024 - Prior Authorization removed
27438	Arthroplasty, Patella; With Prosthesis	Effective 6/1/2024 - Prior Authorization removed
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Effective 6/1/2024 - Prior Authorization removed
30130	Excision inferior turbinate, partial or complete, any method	Effective 6/1/2024 - Prior Authorization removed
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Effective 6/1/2024 - Prior Authorization removed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty	Effective 6/1/2024 - Prior Authorization removed
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel	Effective 6/1/2024 - Prior Authorization removed
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Effective 6/1/2024 - Prior Authorization removed
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty)	Effective 6/1/2024 - Prior Authorization removed
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
54690	Laparoscopy, surgical; orchiectomy	Effective 6/1/2024 - Prior Authorization removed
55180	Scrotoplasty; complicated	Effective 6/1/2024 - Prior Authorization removed
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance	Effective 6/1/2024 - Prior Authorization removed
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Effective 6/1/2024 - 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 Interspace, Lumbar	Effective 6/1/2024 - Prior Authorization removed
63012	Laminectomy With Removal of Abnormal Facets and/or Pars Inter-Articularis with Decompression of Cauda Equina and Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	Effective 6/1/2024 - Prior Authorization removed
63020	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/or Excision of Herniated Intervertebral Disc; 1 Interspace, Cervical	Effective 6/1/2024 - Prior Authorization removed
63030	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/or Excision of Herniated Intervertebral Disc; 1 Interspace, Lumbar	Effective 6/1/2024 - Prior Authorization removed
63035	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(s)	Effective 6/1/2024 - Prior Authorization removed
63042	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(s),	Effective 6/1/2024 - Prior Authorization removed
63044	Laminotomy (Hemilaminectomy), With Decompression of Nerve Root(S),	Effective 6/1/2024 - Prior Authorization removed
63047	Laminectomy, Facetectomy and Foraminotomy (Unilateral or Bilateral with Decompression Of Spinal Cord, Cauda Equina And/or Nerve Root(S),	Effective 6/1/2024 - Prior Authorization removed
63048	Laminectomy, Facetectomy and Foraminotomy (Unilateral or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/or Nerve Root(S), Single Vertebral Segment; Each Additional Vertebral Segment, Cervical, Thora	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices	Effective 6/1/2024 - Prior Authorization removed
63056	Transpedicular Approach with Decompression Of Spinal Cord, Equina And/or Nerve Root(S), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach	Effective 6/1/2024 - Prior Authorization removed
63057	Transpedicular Approach with Decompression Of Spinal Cord, Equina And/or Nerve Root(s) (eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar	Effective 6/1/2024 - Prior Authorization removed
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial or Complete, Anterior Approach with Decompression Of Spinal Cord And/or Nerve Root(s); Cervical, Single Segment	Effective 6/1/2024 - Prior Authorization removed
63650	Percutaneous Implantation of Neurostimulator Electrode Array, Epidural	Effective 6/1/2024 - Prior Authorization removed
63655	Laminectomy For Implantation of Neurostimulator Electrodes, Plate/Paddle, Epidural	Effective 6/1/2024 - Prior Authorization removed
64451	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Effective 6/1/2024 - Prior Authorization removed
64454	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance	Effective 6/1/2024 - Prior Authorization removed
64490	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy or Ct), Cervical or Thoracic	Effective 6/1/2024 - Prior Authorization removed
64491	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy or Ct), Cervical or Thoracic;	Effective 6/1/2024 - Prior Authorization removed
64492	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy or Ct), Cervical Or Thoracic;	Effective 6/1/2024 - Prior Authorization removed
64493	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy or Ct), Lumbar or Sacral; Single Level	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
64494	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy or Ct), Lumbar or Sacral;	Effective 6/1/2024 - Prior Authorization removed
64495	Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy or Ct), Lumbar or Sacral; Third and Any Additional Level(s)	Effective 6/1/2024 - Prior Authorization removed
64561, 64581, 64595	Percutaneous implantation of neurostimulator electrode array	Effective 9/16/2024 - Prior Authorization required
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Effective 6/1/2024 - Prior Authorization removed
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	Effective 6/1/2024 - Prior Authorization removed
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	Effective 6/1/2024 - Prior Authorization removed
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	Effective 6/1/2024 - Prior Authorization removed
67911	Correction of lid retraction	Effective 6/1/2024 - Prior Authorization removed
77014	Computed tomography guidance for placement of radiation therapy fields	Effective 6/1/2024 - Prior Authorization removed
81185	CACNA1A GENE FULL GENE SEQ	Effective 6/1/2024 - Prior Authorization removed
81222	CFTR GENE DUP/DELET VARIANTS	Effective 6/1/2024 - Prior Authorization removed
81224	CFTR GENE INTRON POLY T	Effective 6/1/2024 - Prior Authorization removed
81233	BTK GENE COMMON VARIANTS	Effective 6/1/2024 - Prior Authorization removed
81234	DMPK GENE DETC ABNOR ALLELE	Effective 6/1/2024 - Prior Authorization removed
81240	F2 GENE	Effective 6/1/2024 - Prior Authorization removed

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81247	G6PD GENE ALYS CMN VARIANT	Effective 6/1/2024 - Prior Authorization removed
81261	IGH GENE REARRANGE AMP METH	Effective 6/1/2024 - Prior Authorization removed
81264	IGK REARRANGEABN CLONAL POP	Effective 6/1/2024 - Prior Authorization removed
81267	CHIMERISM ANAL NO CELL SELEC	Effective 6/1/2024 - Prior Authorization removed
81302	MECP2 GENE FULL SEQ	Effective 6/1/2024 - Prior Authorization removed
81328	SLCO1B1 GENE COM VARIANTS	Effective 6/1/2024 - Prior Authorization removed
81383	HLA II TYPING 1 ALLELE HR	Effective 6/1/2024 - Prior Authorization removed
81430	HEARING LOSS SEQUENCE ANALYS	Effective 6/1/2024 - Prior Authorization removed
81431	HEARING LOSS DUP/DEL ANALYS	Effective 6/1/2024 - Prior Authorization removed
81434	HEREDITARY RETINAL DISORDERS	Effective 6/1/2024 - Prior Authorization removed
81435	HEREDITARY COLON CA DSORDRS	Effective 6/1/2024 - Prior Authorization removed
82507	CITRATE	Effective 6/1/2024 - Prior Authorization removed
87516	HEPATITIS B DNA AMP PROBE	Effective 6/1/2024 - Prior Authorization removed
87521	HEPATITIS C PROBE&RVRS TRNSC	Effective 6/1/2024 - Prior Authorization removed
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	Effective 6/1/2024 - Prior Authorization removed
87624	HPV HIGH-RISK TYPES	Effective 6/1/2024 - Prior Authorization removed

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88120	CYTP URNE 3-5 PROBES EA SPEC	Effective 6/1/2024 - Prior Authorization removed
88262	CHROMOSOME ANALYSIS 15-20	Effective 6/1/2024 - Prior Authorization removed
88273	CYTOGENETICS 10-30	Effective 6/1/2024 - Prior Authorization removed
88275	CYTOGENETICS 100-300	Effective 6/1/2024 - Prior Authorization removed
90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	Effective 7/1/2024 - Prior Authorization removed
90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	Effective 7/1/2024 - Prior Authorization removed
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	Effective 6/17/2024 - Prior Authorization removed
91111	Gastrointestinal tract imaging, intraluminal, esophagus with interpretation and report	Effective 6/1/2024 - Prior Authorization removed
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Effective 6/1/2024 - Prior Authorization removed
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	Effective 6/1/2024 - Prior Authorization removed
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	Effective 6/1/2024 - Prior Authorization removed
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization

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92526	Treatment of swallowing dysfunction and/or oral function for feeding	Effective 6/1/2024 - Prior Authorization removed
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Effective 6/1/2024 - 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 test result, patient instructions,	Effective 6/1/2024 - Prior Authorization removed
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	Effective 6/1/2024 - Prior Authorization removed
95700	Electroencephalogram continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist	Effective 6/1/2024 - Prior Authorization removed
95705	Electroencephalogram, without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Effective 6/1/2024 - Prior Authorization removed
95706	Electroencephalogram, without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed
95707	Electroencephalogram, without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed
95708	Electroencephalogram, without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Effective 6/1/2024 - Prior Authorization removed
95709	Electroencephalogram, without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed
95710	Electroencephalogram, without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed
95711	Electroencephalogram with video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Effective 6/1/2024 - Prior Authorization removed
95712	Electroencephalogram with video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
95713	Electroencephalogram with video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed
95714	Electroencephalogram with video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Effective 6/1/2024 - Prior Authorization removed
95715	Electroencephalogram with video, review of data, technical description by EEG technologist, each increment of 12-26 hours;	Effective 6/1/2024 - Prior Authorization removed
95716	Electroencephalogram with video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Effective 6/1/2024 - Prior Authorization removed
95717	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report,	Effective 6/1/2024 - Prior Authorization removed
95718	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report	Effective 6/1/2024 - Prior Authorization removed
95719	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	Effective 6/1/2024 - Prior Authorization removed
95720	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	Effective 6/1/2024 - Prior Authorization removed
95721	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60	Effective 6/1/2024 - Prior Authorization removed
95724	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84	Effective 6/1/2024 - Prior Authorization removed
95725	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG re	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
95726	Electroencephalogram, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG re	Effective 6/1/2024 - Prior Authorization removed
96112	Developmental Testing	Effective 10/1/2024 - Prior Authorization removed
96113	Developmental Testing	Effective 10/1/2024 - Prior Authorization removed
97016	Application Of a Modality To 1 Or More Areas; Vasopneumatic Devices	Effective 6/1/2024 - Prior Authorization removed
97018	Application Of a Modality To 1 Or More Areas; Paraffin Bath	Effective 6/1/2024 - Prior Authorization removed
97022	Application Of a Modality To 1 Or More Areas; Whirlpool	Effective 6/1/2024 - Prior Authorization removed
97026	Application Of a Modality To 1 Or More Areas; Infrared	Effective 6/1/2024 - Prior Authorization removed
97032	Application Of a Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	Effective 6/1/2024 - Prior Authorization removed
97033	Application Of a Modality To 1 Or More Areas; Iontophoresis	Effective 6/1/2024 - Prior Authorization removed
97110	Therapeutic Procedure, 1 Or More Areas, each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization
97112	Therapeutic Procedure, 1 Or More Areas, each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/or Proprioception For Sitting And/or Standing Activities	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization
97116	Therapeutic Procedure, 1 Or More Areas, each 15 Minutes; Gait Training (Includes Stair Climbing)	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization

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PT Codes	Service Description	Summary
97124	Therapeutic Procedure, 1 Or More Areas, each 15 Minutes; Massage, Including Effleurage, Petrissage And/or Tapotement	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity	Effective 6/1/2024 - Prior Authorization removed
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity	Effective 6/1/2024 - Prior Authorization removed
97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization
97530	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use of Dynamic Activities to Improve Functional Performance), Each 15 Minutes	Effective 6/1/2024 - Ages 20 and under: 72 visits without Prior Authorization; Ages 21 and over: 36 visits per year without Prior Authorization
97533	Sensory Integrative Techniques to Enhance Sensory Processing and Promote Adaptive Responses to Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes	Effective 6/1/2024 - Prior Authorization removed
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	Effective 6/1/2024 - Prior Authorization removed
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps),	Effective 6/1/2024 - Prior Authorization removed
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment, including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s)	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
97606	Negative pressure wound therapy, utilizing durable medical equipment, including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s)	Effective 6/1/2024 - Prior Authorization removed
97607	Negative pressure wound therapy	Effective 6/1/2024 - Prior Authorization removed
97608	Negative pressure wound therapy, utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions	Effective 6/1/2024 - Prior Authorization removed
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Effective 6/1/2024 - Prior Authorization removed
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	Effective 6/1/2024 - Prior Authorization removed
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Effective 6/1/2024 - Prior Authorization removed
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	Effective 6/1/2024 - Prior Authorization removed
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	Effective 6/1/2024 - Prior Authorization removed
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	Effective 6/1/2024 - Prior Authorization removed
A0425	Ground mileage, per statute mile	Effective 6/1/2024 - Prior Authorization removed
A0426	Ambulance service, advanced life support, nonemergency transport, level 1	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
A0428	Ambulance service, basic life support, nonemergency transport,	Effective 6/1/2024 - Prior Authorization removed
A0431	Ambulance service, conventional air services, transport, one way	Effective 6/1/2024 - Prior Authorization removed
A9506	Graphite crucible for preparation of Technetium Tc 99m-labeled carbon aerosol, each	Effective 7/1/2024 - Prior Authorization removed
B4034	Specialty care transport	Effective 6/1/2024 - Prior Authorization removed
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing,	Effective 6/1/2024 - Prior Authorization removed
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Effective 6/1/2024 - Prior Authorization removed
B4087	Gastrostomy/jejunostomy tube, standard, any material/type	Effective 6/1/2024 - Prior Authorization removed
B4088	Gastrostomy/jejunostomy tube, low-profile, any material/ type,	Effective 6/1/2024 - Prior Authorization removed
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber	Effective 6/1/2024 - Prior Authorization removed
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins, includes fats, carbohydrates, vitamins and minerals	Effective 6/1/2024 - Prior Authorization removed
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral fee	Effective 6/1/2024 - Prior Authorization removed
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat	Effective 6/1/2024 - Prior Authorization removed
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients	Effective 6/1/2024 - Prior Authorization removed
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
	minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube	Effective 6/1/2024 - Prior Authorization removed
B4220	Parenteral nutrition supply kit; premix, per day	Effective 6/1/2024 - Prior Authorization removed
B9002	Enteral nutrition infusion pump, any type	Effective 6/1/2024 - Prior Authorization removed
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Effective 7/1/2024 - Prior Authorization removed
C1606	Adapter, single-use (i.e., disposable), for attaching ultrasound system to upper gastrointestinal endoscope	Effective 7/1/2024 - Prior Authorization removed
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	Effective 7/1/2024 - Prior Authorization removed
G0151	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes	Effective 6/1/2024 - Prior Authorization required after 18 visits
G0152	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes	Effective 6/1/2024 - Prior Authorization required after 18 visits
G0299	Direct skilled nursing services of a registered nurse in the home health or hospice setting, each 15 minutes	Effective 6/1/2024 - Prior Authorization required after 18 visits
G0300	Direct skilled nursing services of a licensed practical nurse in the home health or hospice setting, each 15 minutes	Effective 6/1/2024 - Prior Authorization required after 18 visits
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	Effective 6/1/2024 - Prior Authorization removed
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in CMMI model	Effective 7/1/2024 - Prior Authorization removed
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	Effective 7/1/2024 - Prior Authorization removed
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0522	Management of a new patient with dementia, low complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0523	Management of a new patient with dementia, moderate to high complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0527	Management of established patient with dementia, low complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0528	Management of established patient with dementia, moderate to high complexity, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0529	In-home respite care, 4-hour unit, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0530	Adult day center, 8-hour unit, for use in CMMI model	Effective 7/1/2024 - No Prior Authorization
G0531	Facility-based respite, 24-hour unit, for use in CMMI mode	Effective 7/1/2024 - No Prior Authorization
G9037	Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient	Effective 7/1/2024 - No Prior Authorization

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PT Codes	Service Description	Summary
G9038	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition	Effective 7/1/2024 - No Prior Authorization
H1000	Prenatal Risk Assessment	Effective 9/16/2024 - Prior Authorization removed
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)	Effective 7/1/2024 -Prior Authorization removed
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Effective 7/1/2024 -Prior Authorization removed
J0872	Injection, daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	Effective 7/1/2024 -Prior Authorization required
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Effective 7/1/2024 -Prior Authorization removed
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg	Effective 7/1/2024 -Prior Authorization removed
J1598	Injection, glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg	Effective 7/1/2024 -Prior Authorization removed
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Effective 7/1/2024 -Prior Authorization required
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	Effective 7/1/2024 -Prior Authorization removed
J2246	Injection, micafungin in sodium (Baxter), not therapeutically equivalent to J2248, 1 mg	Effective 7/1/2024 -Prior Authorization removed
J2267	Injection, mirikizumab-mrkz, 1 mg	Effective 7/1/2024 -Prior Authorization required
J2373	Injection, phenylephrine HCl (Immphentiv), 20 mcg	Effective 7/1/2024 -Prior Authorization removed
J2468	Injection, palonosetron HCl (Avyxa), not therapeutically equivalent to J2469, 25 mcg	Effective 7/1/2024 -Prior Authorization required
J2470	Injection, pantoprazole sodium, 40 mg	Effective 7/1/2024 -Prior Authorization removed

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PT Codes	Service Description	Summary
J2471	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	Effective 7/1/2024 -Prior Authorization removed
J3247	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	Effective 7/1/2024 -Prior Authorization required
J3263	Injection, toripalimab-tpzi, 1 mg	Effective 7/1/2024 -Prior Authorization removed
J3393	Injection, betibeglogene autotemcel, per treatment	Effective 7/1/2024 -Prior Authorization required
J3394	Injection, lovetibeglogene autotemcel, per treatment	Effective 7/1/2024 -Prior Authorization required
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	Effective 7/1/2024 -Prior Authorization required
J7355	Injection, travoprost, intracameral implant, 1 mcg	Effective 7/1/2024 -Prior Authorization required
J8611	Methotrexate (Jylamvo), oral, 2.5 mg	Effective 7/1/2024 -Prior Authorization removed
J8612	Methotrexate (Xatmep), oral, 2.5 mg	Effective 7/1/2024 -Prior Authorization removed
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Effective 7/1/2024 -Prior Authorization required
M0224	Q2 Additional Codes	Effective 3/22/2024 - Prior Authorization removed
Q0224	Q2 Additional Codes	Effective 3/22/2024 - Prior Authorization removed
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	Effective 6/1/2024 - Prior Authorization removed
Q4101	Apligraf, per sq cm	Effective 6/1/2024 - Prior Authorization removed
Q4196	PuraPly AM, per sq cm	Effective 6/1/2024 - Prior Authorization removed
Q4311	Acesso, per sq cm	Effective 7/1/2024 -Prior Authorization required

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PT Codes	Service Description	Summary
Q4312	Acesso AC, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4313	DermaBind FM, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4314	Reeva FT, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4316	AmchoPlast, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4317	VitoGraft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4318	E-Graft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4319	SanoGraft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4320	SanoGraft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4321	RenoGraft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4322	CaregraFT, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4323	alloPLY, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4324	AmnioTX, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4325	ACApatch, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4326	WoundPlus, per sq cm	Effective 7/1/2024 -Prior Authorization required

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PT Codes	Service Description	Summary
Q4327	DuoAmnion, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4328	MOST, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4329	Singlay, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4330	TOTAL, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4331	Axolotl Graft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4332	Axolotl DualGraft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q4333	ArdeoGraft, per sq cm	Effective 7/1/2024 -Prior Authorization required
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	Effective 7/1/2024 -Prior Authorization required
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	Effective 7/1/2024 -Prior Authorization required
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment,	Effective 6/1/2024 - Prior Authorization removed
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately)	Effective 6/1/2024 - Prior Authorization removed
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies	Effective 6/1/2024 - Prior Authorization removed
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies	Effective 6/1/2024 - Prior Authorization removed
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment	Effective 6/1/2024 - Prior Authorization removed
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy	Effective 6/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
	services, care coordination, and all necessary supplies and equipment	
V2510	Contact lens, gas permeable, spherical, per lens	Effective 6/1/2024 - Prior Authorization removed
V2520	Contact lens, hydrophilic, spherical, per lens	Effective 6/1/2024 - Prior Authorization removed
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	Effective 6/1/2024 - Prior Authorization removed
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Effective 6/1/2024 - Prior Authorization removed
V5130	Binaural, in the ear	Effective 6/1/2024 - Prior Authorization removed
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	Effective 6/1/2024 - Prior Authorization removed
V5259	Hearing aid, digital, binaural, ITC	Effective 6/1/2024 - Prior Authorization removed
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted	Effective 7/1/2024 -Prior Authorization required
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-MS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	Effective 7/1/2024 -Prior Authorization required
0451U	Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Effective 7/1/2024 -Prior Authorization required
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	Effective 7/1/2024 -Prior Authorization required
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	Effective 7/1/2024 -Prior Authorization required
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Effective 7/1/2024 -Prior Authorization required
0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis,	Effective 7/1/2024 - Prior Authorization removed

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PT Codes	Service Description	Summary
	multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected	
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	Effective 7/1/2024 -Prior Authorization required
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Effective 7/1/2024 -Prior Authorization required
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Effective 7/1/2024 -Prior Authorization required
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Effective 7/1/2024 -Prior Authorization required
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Effective 7/1/2024 -Prior Authorization required
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Effective 7/1/2024 -Prior Authorization required
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	Effective 7/1/2024 -Prior Authorization removed
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	Effective 7/1/2024 -Prior Authorization required
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C	Effective 7/1/2024 -Prior Authorization required
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	Effective 7/1/2024 -Prior Authorization required

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PT Codes	Service Description	Summary
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	Effective 7/1/2024 -Prior Authorization required
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Effective 7/1/2024 -Prior Authorization required
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Effective 7/1/2024 -Prior Authorization required
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	Effective 7/1/2024 -Prior Authorization required
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	Effective 7/1/2024 -Prior Authorization required
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Effective 7/1/2024 -Prior Authorization required
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjogren syndrome	Effective 7/1/2024 -Prior Authorization required
0473U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedd tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants	Effective 7/1/2024 -Prior Authorization required
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation	Effective 7/1/2024 -Prior Authorization required

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PT Codes	Service Description	Summary
	sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	Effective 7/1/2024 -Prior Authorization required
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	Effective 7/1/2024 -Prior Authorization required
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report	Effective 7/1/2024 -Prior Authorization removed
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	Effective 7/1/2024 -Prior Authorization removed
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	Effective 7/1/2024 -Prior Authorization removed
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	Effective 7/1/2024 -Prior Authorization removed
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	Effective 7/1/2024 -Prior Authorization removed
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	Effective 7/1/2024 -Prior Authorization removed
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	Effective 7/1/2024 -Prior Authorization removed
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	Effective 7/1/2024 -Prior Authorization removed

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PT Codes	Service Description	Summary
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	Effective 7/1/2024 -Prior Authorization removed
0877T	Augmentative analysis of chest computed tomography imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Effective 7/1/2024 -Prior Authorization required
0878T	Augmentative analysis of chest computed tomography imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	Effective 7/1/2024 -Prior Authorization required
0879T	Augmentative analysis of chest computed tomography imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Effective 7/1/2024 -Prior Authorization required
0880T	Augmentative analysis of chest computed tomography imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Effective 7/1/2024 -Prior Authorization required
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Effective 7/1/2024 -Prior Authorization required
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes	Effective 7/1/2024 -Prior Authorization required
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve	Effective 7/1/2024 -Prior Authorization required
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Effective 7/1/2024 -Prior Authorization required
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Effective 7/1/2024 -Prior Authorization required
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Effective 7/1/2024 -Prior Authorization required

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PT Codes	Service Description	Summary
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	Effective 7/1/2024 -Prior Authorization required
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Effective 7/1/2024 -Prior Authorization required
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI,	Effective 7/1/2024 -Prior Authorization required
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Effective 7/1/2024 -Prior Authorization required
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Effective 7/1/2024 -Prior Authorization required
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Effective 7/1/2024 -Prior Authorization required
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Effective 7/1/2024 -Prior Authorization removed
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Effective 7/1/2024 -Prior Authorization removed
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments	Effective 7/1/2024 -Prior Authorization removed
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments	Effective 7/1/2024 -Prior Authorization removed
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	Effective 7/1/2024 -Prior Authorization removed
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	Effective 7/1/2024 -Prior Authorization removed

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PT Codes	Service Description	Summary
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow, derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional	Effective 7/1/2024 -Prior Authorization removed
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	Effective 7/1/2024 -Prior Authorization removed

Contact Us

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"> • Evolent, (formally National Imaging Associates, Inc.): 1-800-424-5351, Evolent website: radmd.com*