



Prior Authorization Requirement Updates

July 8, 2025

This document reflects the most recent updates to prior authorization requirements. To determine if a service requires an authorization or to submit a prior authorization request, visit the mibluccrosscomplete.com under the [Prior Authorization Resources](#). As a reminder, when you do need to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool at mibluccrosscomplete.com.

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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CPT code(s)	Service Description	Summary
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophoctoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as lo	Effective 7/1/2025 - Prior Authorization required
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 27 chromosomes using DNA genomic sequence analysis from embryonic trophoctoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/ba	Effective 7/1/2025 - Prior Authorization required
0557U	Reproductive medicine (preimplantation genetic assessment), analysis of 27 chromosomes using DNA genomic sequence analysis from trophoctoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal	Effective 7/1/2025 - Prior Authorization required
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 27 chromosomes using DNA genomic sequence analysis from embryonic trophoctoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality contro	Effective 7/1/2025 - Prior Authorization required
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as dete	Effective 7/1/2025 - Prior Authorization required
0557U	Infectious disease (bacterial vaginosis and vaginitis), real-time amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species,	Effective 7/1/2025 - Prior Authorization required
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	Effective 7/1/2025 - Prior Authorization required
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	Effective 7/1/2025 - Prior Authorization required
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD	Effective 7/1/2025 - Prior Authorization required

Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	Effective 7/1/2025 - Prior Authorization required
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as	Effective 7/1/2025 - Prior Authorization required
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 7 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Effective 7/1/2025 - Prior Authorization required
0567U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 7 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Effective 7/1/2025 - Prior Authorization required
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionab	Effective 7/1/2025 - Prior Authorization required
0572U	Oncology (prostate), high-throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	Effective 7/1/2025 - Prior Authorization required
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	Effective 7/1/2025 - Prior Authorization required
0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)	Effective 7/1/2025 - Prior Authorization required
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	Effective 7/1/2025 - No Prior Authorization re-quired
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Effective 7/1/2025 - No Prior Authorization re-quired
0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Effective 7/1/2025 - Prior Authorization required
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	Effective 7/1/2025 - Prior Authorization required
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor	Effective 7/1/2025 - Prior Authorization required
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor	Effective 7/1/2025 - Prior Authorization required
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers	Effective 7/1/2025 - Prior Authorization required
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components	Effective 7/1/2025 - Prior Authorization required
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	Effective 7/1/2025 - No Prior Authorization re-quired
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	Effective 7/1/2025 -No Prior Authorization re-quired

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0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	Effective 7/1/2025 - No Prior Authorization required
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	Effective 7/1/2025 - No Prior Authorization required
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance	Effective 7/1/2025 - No Prior Authorization required
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	Effective 7/1/2025 - No Prior Authorization required
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health	Effective 7/1/2025 - No Prior Authorization required
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	Effective 7/1/2025 - No Prior Authorization required
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	Effective 7/1/2025 - Prior Authorization required
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	Effective 7/1/2025 - Prior Authorization required
0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	Effective 7/1/2025 - Prior Authorization required
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	Effective 7/1/2025 - No Prior Authorization required
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	Effective 7/1/2025 - Prior Authorization required
0969T	Removal of epicranial neurostimulator system	Effective 7/1/2025 - No Prior Authorization required
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	Effective 7/1/2025 - No Prior Authorization required
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	Effective 7/1/2025 - No Prior Authorization required
0972T	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	Effective 7/1/2025 - No Prior Authorization required
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	Effective 7/1/2025 - No Prior Authorization required
0974T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; each additional 100 sq cm (List separately in addition	Effective 7/1/2025 - No Prior Authorization required

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CPT code(s)	Service Description	Summary
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm	Effective 7/1/2025 - No Prior Authorization required
0976T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; each additional 100 sq	Effective 7/1/2025 - No Prior Authorization required
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	Effective 7/1/2025 - Prior Authorization required
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Effective 7/1/2025 - Prior Authorization required
0979T	Submucosal cryolysis therapy; soft palate only	Effective 7/1/2025 - Prior Authorization required
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	Effective 7/1/2025 - Prior Authorization required
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when pe	Effective 7/1/2025 - No Prior Authorization required
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	Effective 7/1/2025 - No Prior Authorization required
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care profes	Effective 7/1/2025 - No Prior Authorization required
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (Li	Effective 7/1/2025 - No Prior Authorization required
0985T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional ve	Effective 7/1/2025 - No Prior Authorization required
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (Li	Effective 7/1/2025 - No Prior Authorization required
0987T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional ve	Effective 7/1/2025 - No Prior Authorization required
Q4368	AmchoThick, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4369	AmnioPlast 3, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4370	AeroGuard, sq cm	Effective 7/1/2025 - Prior Authorization required
Q4371	NeoGuard, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4372	AmchoPlast EXCEL, per sq cm	Effective 7/1/2025 - Prior Authorization required

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Q4371	NeoGuard, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4372	AmchoPlast EXCEL, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4373	Membrane Wrap-Lite, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4375	duoGRAFT AC, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4376	Duograft AA, per sq cm	Effective 7/1/2025 -Prior Authorization required
Q4377	triGRAFT FT, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4378	Renew FT Matrix, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4379	AmnioDefend FT Matrix, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4380	AdvoGraft One, per sq cm	Effective 7/1/2025 - Prior Authorization required
Q4382	AdvoGraft Dual, per sq cm	Effective 7/1/2025 - Prior Authorization required
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	Effective 7/1/2025 -No Prior Authorization required
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	Effective 7/1/2025 -No Prior Authorization required
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	Effective 7/1/2025 -No Prior Authorization required
90631	Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use	Effective 5/9/2025 - No Prior Authorization required

Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
90635	Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	Effective 7/1/2025 - No Prior Authorization required
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	Effective 7/1/2025 - No Prior Authorization required
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	Effective 7/1/2025 - Prior Authorization required
C9175	Injection, treosulfan, 50 mg	Effective 7/1/2025 - Prior Authorization required
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	Effective 7/1/2025 - No Prior Authorization required
J0166	Injection, epinephrine (BPI), not therapeutically equivalent to J0165, 0.1 mg	Effective 7/1/2025 - No Prior Authorization required
J0167	Injection, epinephrine (Hospira), not therapeutically equivalent to J0165, 0.1 mg	Effective 7/1/2025 - No Prior Authorization required
J0168	Injection, epinephrine (International Medication Systems), not therapeutically equivalent to J0165, 0.1 mg	Effective 7/1/2025 - No Prior Authorization required
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to J0165, 0.1 mg	Effective 7/1/2025 - No Prior Authorization required
J0616	Injection, metoprolol tartrate, 1 mg	Effective 7/1/2025 - No Prior Authorization required
J0618	Injection, calcium chloride, 2 mg	Effective 7/1/2025 - No Prior Authorization required
J1163	Injection, diltiazem HCl, 0.5 mg	Effective 7/1/2025 - No Prior Authorization required
J1326	Injection, zolbetuximab-clzb, 2 mg	Effective 7/1/2025 - No Prior Authorization required
J2312	Injection, naloxone HCl, not otherwise specified, 0.01 mg	Effective 7/1/2025 - No Prior Authorization required
J2313	Injection, naloxone HCl (Zimhi), 0.01 mg	Effective 7/1/2025 - No Prior Authorization required
J3373	Injection, vancomycin HCl, 10 mg	Effective 7/1/2025 - No Prior Authorization required
J3374	Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3373, 10 mg	Effective 7/1/2025 - No Prior Authorization required
J3375	Injection, vancomycin HCl (Xellia), not therapeutically equivalent to J3373, 10 mg	Effective 7/1/2025 - No Prior Authorization required
J3391	Injection, atidarsagene autotemcel, per treatment	Effective 7/1/2025 - Prior Authorization required
J7172	Injection, marstacimab-hncq, 0.5 mg	Effective 7/1/2025 - Prior Authorization required
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	Effective 7/1/2025 - Prior Authorization required
J9174	Injection, docetaxel (Beizray), 1 mg	Effective 7/1/2025 - No Prior Authorization required
J9220	Injection, indigotindisulfonate sodium, 1 mg	Effective 7/1/2025 - No Prior Authorization required
J9275	Injection, cosibelimab-ipdl, 2 mg	Effective 7/1/2025 - No Prior Authorization required

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CPT code(s)	Service Description	Summary
J9276	Injection, zanidatamab-hrii, 2 mg	Effective 7/1/2025 - No Prior Authorization required
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Effective 7/1/2025 - No Prior Authorization required
J9341	Injection, thiotepa (Tepylute), 1 mg	Effective 7/1/2025 - Prior Authorization required
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Effective 7/1/2025 - Prior Authorization required
J9382	Injection, zenocutuzumab-zbco, 1 mg	Effective 7/1/2025 - No Prior Authorization required
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Effective 7/1/2025 - Prior Authorization required
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Effective 7/1/2025 - Prior Authorization required
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	Effective 7/1/2025 - Prior Authorization required
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg	Effective 7/1/2025 - Prior Authorization required
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Effective 7/1/2025 - Prior Authorization required



Prior Authorization Request Updates

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: 1-800-424-5351,• Evolent website: radmd.com