

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Effective: January 1, 2025

Services listed below require prior authorization for both HMO and PPO members

Services marked by a star (*) do not require prior authorization for PPO members

See below for specific codes requiring prior authorization. The code list is not an all inclusive list

Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:

- Abdominoplasty
- Blephroplasty
- Breast Reduction

* Dental Services (coverage under the medical benefit)

Durable Medical Equipment (DME):

- All rental items
- Items greater than \$1200.00
- DME repair or maintenance

Home Health Services and Home Infusion Services

Inpatient Admissions:

- Scheduled admission to any of the following: acute hospital, long term hospitals, acute to acute hospital transfers, inpatient rehabilitation facilities, inpatient hospice, skilled nursing facilities and religious non-medical healthcare services
- Urgent/emergent inpatient admissions do not require prior authorization. However, notification of these admissions within 24 hours or the first business day after admission is required

Inpatient Psychiatric and Chemical Dependency Treatment:

- Urgent/emergent inpatient admissions do not require prior authorization. However, notification of these admissions within 24 hours or the first business day after admission is required

Investigational Procedures (or those potentially investigational)

* Nonparticipating Providers and Services

Pharmaceuticals (see formulary):

Aduhelm and Leqembi

Prosthetics (such as artificial limbs and components)

Electroconvulsive Therapy (ECT)

Facet Joint Intervention

Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment (TMS)

Surgery:

- *Refractive Surgical Procedures (Lasik, PRK, etc)
- Sacral Neurostimulators
- Spinal Neurostimulators
- Deep Brain Stimulators
- Neuromuscular Stimulators
- *Bone Growth Stimulators (osteogenesis)
- Penile Implants
- Vagal Nerve Stimulators for Epilepsy
- Surgical Treatment of Morbid Obesity
- Surgical Treatment of Sleep Apnea (UPP, somnoplasty, uvulectomy, etc)
- *Temporomandibular Joint Surgery
- Transplants: Bone Marrow/Stem Cell and Solid Organ
- Varicose Vein Treatment
- Vertebroplasty and Kyphoplasty, Percutaneous
- Artificial Heart
- Ventricular Assist Device

Transportation (non-emergent)

Unlisted/Miscellaneous CPT and HCPCS codes

HCPCS codes beginning with "S", other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	5/31/2019	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	5/31/2019	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	5/31/2019	
01999	Unlisted anesthesia procedure(s)	5/31/2019	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	5/31/2019	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	5/31/2019	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	5/31/2019	
15776	Punch graft for hair transplant; more than 15 punch grafts	5/31/2019	
15780	Dermabrasion; total face (e.g. for acne scarring, fine wrinkling, rhytids)	5/31/2019	
15781	Dermabrasion; segmental, face	5/31/2019	
15782	Dermabrasion; regional, other than face	5/31/2019	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	5/31/2019	
15786	Abrasion; single lesion (eg, keratosis, scar)	5/31/2019	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	5/31/2019	
15788	Chemical peel, facial; epidermal	5/31/2019	
15789	Chemical peel, facial; dermal	5/31/2019	
15792	Chemical peel, non-facial; epidermal	5/31/2019	
15793	Chemical peel, non-facial; dermal	5/31/2019	
15819	Cervicoplasty	5/31/2019	12/31/2024
15820	Blepharoplasty, lower eyelid;	5/31/2019	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	5/31/2019	
15822	Blepharoplasty, upper eyelid;	5/31/2019	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	5/31/2019	
15824	Rhytidectomy; forehead	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	5/31/2019	
15826	Rhytidectomy; glabellar frown lines	5/31/2019	
15828	Rhytidectomy; cheek, chin, and neck	5/31/2019	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	5/31/2019	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	5/31/2019	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	5/31/2019	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy) ; leg	5/31/2019	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	5/31/2019	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	5/31/2019	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	5/31/2019	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy) ; arm	5/31/2019	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	5/31/2019	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	5/31/2019	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	5/31/2019	
15876	Suction assisted lipectomy; head and neck	5/31/2019	
15877	Suction assisted lipectomy; trunk	5/31/2019	
15878	Suction assisted lipectomy; upper extremity	5/31/2019	
15879	Suction assisted lipectomy; lower extremity	5/31/2019	
15999	Unlisted procedure, excision pressure ulcer	5/31/2019	
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); Less than 10 sq cm	5/31/2019	
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique): 10.0 to 50 sq. cm.	5/31/2019	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	5/31/2019	
17340	Cryotherapy (CO2 slush, liquid N2) for acne	5/31/2019	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	5/31/2019	
17380	Electrolysis epilation, each 30 minutes	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	5/31/2019	
19316	Mastopexy	5/31/2019	
19318	Breast reduction	5/31/2019	
19325	Breast augmentation with implant	5/31/2019	
19328	Removal of intact breast implant	5/31/2019	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	5/31/2019	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	5/31/2019	
19342	Insertion or replacement of breast implant on separate day from mastectomy	5/31/2019	
19350	Nipple/areola reconstruction	5/31/2019	
19355	Correction of inverted nipples	5/31/2019	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	5/31/2019	
19361	Breast reconstruction; with latissimus dorsi flap	5/31/2019	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	5/31/2019	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	5/31/2019	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	5/31/2019	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	5/31/2019	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	5/31/2019	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	5/31/2019	
19380	"Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)"	5/31/2019	
19396	Preparation of moulage for custom breast implant	5/31/2019	
19499	Unlisted procedure, breast	5/31/2019	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	5/31/2019	
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	5/31/2019	
20975	Electrical stimulation to aid bone healing; invasive (operative)	5/31/2019	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	5/31/2019	
20999	Unlisted procedure, musculoskeletal system, general	5/31/2019	
21010	Arthrotomy, temporomandibular joint	5/31/2019	
21050	Condylectomy, temporomandibular joint (separate procedure)	5/31/2019	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	5/31/2019	
21070	Coronoidectomy (separate procedure)	5/31/2019	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	5/31/2019	
21076	Impression and custom preparation; surgical obturator prosthesis	5/31/2019	
21077	Impression and custom preparation; orbital prosthesis	5/31/2019	
21079	Impression and custom preparation; interim obturator prosthesis	5/31/2019	
21080	Impression and custom preparation; definitive obturator prosthesis	5/31/2019	
21081	Impression and custom preparation; mandibular resection prosthesis	5/31/2019	
21082	Impression and custom preparation; palatal augmentation prosthesis	5/31/2019	
21083	Impression and custom preparation; palatal lift prosthesis	5/31/2019	
21084	Impression and custom preparation; speech aid prosthesis	5/31/2019	
21085	Impression and custom preparation; oral surgical splint	5/31/2019	
21086	Impression and custom preparation; auricular prosthesis	5/31/2019	
21087	Impression and custom preparation; nasal prosthesis	5/31/2019	
21088	Impression and custom preparation; facial prosthesis	5/31/2019	
21089	Unlisted maxillofacial prosthetic procedure	5/31/2019	
21110	Application of interdental fixation device for conditions other than fracture, includes removal	5/31/2019	
21116	Injection procedure for temporomandibular joint arthrography	5/31/2019	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	5/31/2019	
21121	Genioplasty; sliding osteotomy, single piece	5/31/2019	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
21123	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	5/31/2019	
21125	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	5/31/2019	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	5/31/2019	
21137	Reduction forehead; contouring only	5/31/2019	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	5/31/2019	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	5/31/2019	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	5/31/2019	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	5/31/2019	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	5/31/2019	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	5/31/2019	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	5/31/2019	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	5/31/2019	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	5/31/2019	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	5/31/2019	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	5/31/2019	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	5/31/2019	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	5/31/2019	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	5/31/2019	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	5/31/2019	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	5/31/2019	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	5/31/2019	
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	5/31/2019	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	5/31/2019	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	5/31/2019	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	5/31/2019	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	5/31/2019	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	5/31/2019	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	5/31/2019	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	5/31/2019	
21198	Osteotomy, mandible, segmental;	5/31/2019	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	5/31/2019	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	5/31/2019	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	5/31/2019	
21209	Osteoplasty, facial bones; reduction	5/31/2019	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	5/31/2019	
21215	Graft, bone; mandible (includes obtaining graft)	5/31/2019	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	5/31/2019	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	5/31/2019	
21242	Arthroplasty, temporomandibular joint, with allograft	5/31/2019	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	5/31/2019	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	5/31/2019	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	5/31/2019	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	5/31/2019	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	5/31/2019	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	5/31/2019	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	5/31/2019	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	5/31/2019	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	5/31/2019	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	5/31/2019	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	5/31/2019	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	5/31/2019	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	5/31/2019	
21270	Malar augmentation, prosthetic material	5/31/2019	
21275	Secondary revision of orbitocraniofacial reconstruction	5/31/2019	
21280	Medial canthopexy (separate procedure)	5/31/2019	
21282	Lateral canthopexy	5/31/2019	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	5/31/2019	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	5/31/2019	
21299	Unlisted craniofacial and maxillofacial procedure	5/31/2019	
21499	Unlisted musculoskeletal procedure, head	5/31/2019	
21685	Hyoid myotomy and suspension	5/31/2019	
21899	Unlisted procedure, neck or thorax	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	5/31/2019	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	5/31/2019	
22512	"Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)"	5/31/2019	
22513	"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; thoracic"	5/31/2019	
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; lumbar"	5/31/2019	
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, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)"	5/31/2019	
22899	Unlisted procedure, spine	5/31/2019	
22999	Unlisted procedure, abdomen, musculoskeletal system	5/31/2019	
23929	Unlisted procedure, shoulder	5/31/2019	
24999	Unlisted procedure, humerus or elbow	5/31/2019	
25999	Unlisted procedure, forearm or wrist	5/31/2019	
26989	Unlisted procedure, hands or fingers	5/31/2019	
27299	Unlisted procedure, pelvis or hip joint	5/31/2019	
27599	Unlisted procedure, femur or knee	5/31/2019	
27899	Unlisted procedure, leg or ankle	5/31/2019	
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	5/31/2019	
28360	Reconstruction, cleft foot	5/31/2019	
28899	Unlisted procedure, foot or toes	5/31/2019	
29799	Unlisted procedure, casting or strapping	5/31/2019	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	5/31/2019	
29804	Arthroscopy, temporomandibular joint, surgical	5/31/2019	
29999	Unlisted procedure, arthroscopy	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
30140	Submucous resection inferior turbinate, partial or complete, any method	5/31/2019	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	5/31/2019	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	5/31/2019	
30420	Rhinoplasty, primary; including major septal repair	5/31/2019	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	5/31/2019	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	5/31/2019	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	5/31/2019	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	5/31/2019	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	5/31/2019	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	5/31/2019	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	5/31/2019	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	5/31/2019	
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	5/31/2019	
30999	Unlisted procedure, nose	5/31/2019	
31299	Unlisted procedure, accessory sinuses	5/31/2019	
31599	Unlisted procedure, larynx	5/31/2019	
31600	Tracheostomy, planned (separate procedure);	5/31/2019	
31610	Tracheostomy, fenestration procedure with skin flaps	5/31/2019	
31899	Unlisted procedure, trachea, bronchi	5/31/2019	
32491	Removal of lung, other than pneumonectomy; with resection- plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	5/31/2019	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	5/31/2019	
32851	Lung transplant, single; without cardiopulmonary bypass	5/31/2019	
32852	Lung transplant, single; with cardiopulmonary bypass	5/31/2019	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	5/31/2019	
32855	"Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral"	5/31/2019	
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	5/31/2019	
32999	Unlisted procedure, lungs and pleura	5/31/2019	
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	5/31/2019	
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	5/31/2019	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	5/31/2019	
33933	"Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation"	5/31/2019	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	5/31/2019	
33940	Donor cardiectomy (including cold preservation)	5/31/2019	
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	5/31/2019	
33945	Heart transplant, with or without recipient cardiectomy	5/31/2019	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	5/31/2019	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	5/31/2019	
33977	Removal of ventricular assist device; extracorporeal, single ventricle	5/31/2019	
33978	Removal of ventricular assist device; extracorporeal, biventricular	5/31/2019	
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	5/31/2019	
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	5/31/2019	
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	5/31/2019	
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	5/31/2019	
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	5/31/2019	
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	5/31/2019	
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	5/31/2019	
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	5/31/2019	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	5/31/2019	
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	5/31/2019	
33999	Unlisted procedure, cardiac surgery	5/31/2019	
36299	Unlisted procedure, vascular injection	5/31/2019	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	5/31/2019	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	5/31/2019	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	5/31/2019	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	5/31/2019	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	5/31/2019	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	5/31/2019	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	5/31/2019	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	5/31/2019	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	5/31/2019	
36479	"Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)"	5/31/2019	
36482	"Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated"	5/31/2019	
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	5/31/2019	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	5/31/2019	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	5/31/2019	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	5/31/2019	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	5/31/2019	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	5/31/2019	
37501	Unlisted vascular endoscopy procedure	5/31/2019	
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	5/31/2019	
37718	Ligation, division, and stripping, short saphenous vein	5/31/2019	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	5/31/2019	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	5/31/2019	
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	5/31/2019	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	5/31/2019	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	5/31/2019	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	5/31/2019	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	5/31/2019	
37799	Unlisted procedure, vascular surgery	5/31/2019	
38129	Unlisted laparoscopy procedure, spleen	5/31/2019	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	5/31/2019	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	5/31/2019	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	5/31/2019	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	5/31/2019	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	5/31/2019	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	5/31/2019	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	5/31/2019	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	5/31/2019	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	5/31/2019	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	5/31/2019	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	5/31/2019	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	5/31/2019	
38230	Bone marrow harvesting for transplantation; allogeneic	5/31/2019	
38232	Bone marrow harvesting for transplantation; autologous	5/31/2019	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	5/31/2019	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	5/31/2019	
38242	Allogeneic lymphocyte infusions	5/31/2019	
38589	Unlisted laparoscopy procedure, lymphatic system	5/31/2019	
38999	Unlisted procedure, hemic or lymphatic system	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
39499	Unlisted procedure, mediastinum	5/31/2019	
39599	Unlisted procedure, diaphragm	5/31/2019	
40799	Unlisted procedure, lips	5/31/2019	
40899	Unlisted procedure, vestibule of mouth	5/31/2019	
41512	Tongue base suspension, permanent suture technique	5/31/2019	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	5/31/2019	
41599	Unlisted procedure, tongue, floor of mouth	5/31/2019	
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	5/31/2019	
41806	Removal of embedded foreign body from dentoalveolar structures; bone	5/31/2019	
41820	Gingivectomy, excision gingiva, each quadrant	5/31/2019	
41821	Operculectomy, excision pericoronal tissues	5/31/2019	
41822	Excision of fibrous tuberosities, dentoalveolar structures	5/31/2019	
41823	Excision of osseous tuberosities, dentoalveolar structures	5/31/2019	
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	5/31/2019	
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	5/31/2019	
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	5/31/2019	
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	5/31/2019	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	5/31/2019	
41850	Destruction of lesion (except excision), dentoalveolar structures	5/31/2019	
41870	Periodontal mucosal grafting	5/31/2019	
41872	Gingivoplasty, each quadrant (specify)	5/31/2019	
41874	Alveoloplasty , each quadrant (specify)	5/31/2019	
41899	Unlisted procedure, dentoalveolar structures	5/31/2019	
42120	Resection of palate or extensive resection of lesion	5/31/2019	
42140	Uvulectomy, excision of uvula	5/31/2019	
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	5/31/2019	
42280	Maxillary impression for palatal prosthesis	5/31/2019	
42281	Insertion of pin-retained palatal prosthesis	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
42299	Unlisted procedure, palate, uvula	5/31/2019	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	5/31/2019	
43289	Unlisted laparoscopy procedure, esophagus	5/31/2019	
43499	Unlisted procedure, esophagus	5/31/2019	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux- en-Y gastroenterostomy (roux limb 150 cm or less)	5/31/2019	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	5/31/2019	
43659	Unlisted laparoscopy procedure, stomach	5/31/2019	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)	5/31/2019	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	5/31/2019	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	5/31/2019	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	5/31/2019	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	5/31/2019	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	5/31/2019	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical- banded gastroplasty	5/31/2019	10/1/2024
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	5/31/2019	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	5/31/2019	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	5/31/2019	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	5/31/2019	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	5/31/2019	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	5/31/2019	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	5/31/2019	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	5/31/2019	
43999	Unlisted procedure, stomach	5/31/2019	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	5/31/2019	
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	5/31/2019	
44135	Intestinal allotransplantation; from cadaver donor	5/31/2019	
44136	Intestinal allotransplantation; from living donor	5/31/2019	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	5/31/2019	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	5/31/2019	
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	5/31/2019	
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	5/31/2019	
44799	Unlisted procedure, small intestine	5/31/2019	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	5/31/2019	
44979	Unlisted laparoscopy procedure, appendix	5/31/2019	
45399	Unlisted procedure, colon	5/31/2019	
45499	Unlisted laparoscopy procedure, rectum	5/31/2019	
45999	Unlisted procedure, rectum	5/31/2019	
46999	Unlisted procedure, anus	5/31/2019	
47133	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	5/31/2019	
47135	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	5/31/2019	
47140	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	5/31/2019	
47141	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	5/31/2019	
47142	Donor hepatectomy (including cold preservation), from living	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
47143	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	5/31/2019	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	5/31/2019	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation	5/31/2019	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	5/31/2019	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	5/31/2019	
47379	Unlisted laparoscopic procedure, liver	5/31/2019	
47399	Unlisted procedure, liver	5/31/2019	
47579	Unlisted laparoscopy procedure, biliary tract	5/31/2019	
47999	Unlisted procedure, biliary tract	5/31/2019	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	5/31/2019	10/1/2024
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	5/31/2019	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	5/31/2019	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	5/31/2019	
48554	Transplantation of pancreatic allograft	5/31/2019	
48556	Removal of transplanted pancreatic allograft	5/31/2019	
48999	Unlisted procedure, pancreas	5/31/2019	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	5/31/2019	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	5/31/2019	
49999	Unlisted procedure, abdomen, peritoneum and omentum	5/31/2019	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	5/31/2019	
50320	Donor nephrectomy (including cold preservation); open, from living donor	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
50323	"Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary"	5/31/2019	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and	5/31/2019	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	5/31/2019	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	5/31/2019	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	5/31/2019	
50340	Recipient nephrectomy (separate procedure)	5/31/2019	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	5/31/2019	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	5/31/2019	
50370	Removal of transplanted renal allograft	5/31/2019	
50380	Renal autotransplantation, reimplantation of kidney	5/31/2019	
50549	Unlisted laparoscopy procedure, renal	5/31/2019	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	5/31/2019	
50949	Unlisted laparoscopy procedure, ureter	5/31/2019	
51999	Unlisted laparoscopy procedure, bladder	5/31/2019	
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	5/31/2019	
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	1/1/2025	
53899	Unlisted procedure, urinary system	5/31/2019	
54360	Plastic operation on penis to correct angulation	5/31/2019	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	5/31/2019	
54401	Insertion of penile prosthesis; inflatable (self-contained)	5/31/2019	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	5/31/2019	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	5/31/2019	
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	5/31/2019	
54417	"Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue"	5/31/2019	
54660	Insertion of testicular prosthesis (separate procedure)	5/31/2019	
54699	Unlisted laparoscopy procedure, testis	5/31/2019	
55175	Scrotoplasty; simple	5/31/2019	
55180	Scrotoplasty; complicated	5/31/2019	
55559	Unlisted laparoscopy procedure, spermatic cord	5/31/2019	
55899	Unlisted procedure, male genital system	5/31/2019	
57291	Construction of artificial vagina; without graft	5/31/2019	
57292	Construction of artificial vagina; with graft	5/31/2019	
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	5/31/2019	
57426	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	5/31/2019	
58578	Unlisted laparoscopy procedure, uterus	5/31/2019	
58579	Unlisted hysteroscopy procedure, uterus	5/31/2019	
58679	Unlisted laparoscopy procedure, oviduct, ovary	5/31/2019	
58750	Tubotubal anastomosis	5/31/2019	
58770	Salpingostomy (salpingoneostomy)	5/31/2019	
58999	Unlisted procedure, female genital system (nonobstetrical)	5/31/2019	
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	5/31/2019	
59898	Unlisted laparoscopy procedure, maternity care and delivery	5/31/2019	
59899	Unlisted procedure, maternity care and delivery	5/31/2019	
60659	Unlisted laparoscopy procedure, endocrine system	5/31/2019	
60699	Unlisted procedure, endocrine system	5/31/2019	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	5/31/2019	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	5/31/2019	
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	5/31/2019	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	5/31/2019	
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	5/31/2019	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	5/31/2019	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	5/31/2019	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	5/31/2019	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5/31/2019	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5/31/2019	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5/31/2019	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5/31/2019	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5/31/2019	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5/31/2019	
63685	"Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver"	5/31/2019	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	5/31/2019	
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; single level	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
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; second level (List separately in addition to code for primary procedure)	5/31/2019	
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; third and any additional level(s) (List separately in addition to code for primary procedure)	5/31/2019	
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	5/31/2019	
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; second level (List separately in addition to code for primary procedure)	5/31/2019	
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) (List separately in addition to code for primary procedure)	5/31/2019	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	5/31/2019	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5/31/2019	
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	5/31/2019	
64568	Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator	5/31/2019	
64569	"Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator"	5/31/2019	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	5/31/2019	
64583	"Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator"	5/31/2019	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	5/31/2019	
64585	Revision or removal of peripheral neurostimulator electrode array	5/31/2019	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	5/31/2019	
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	5/31/2019	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	5/31/2019	
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	5/31/2019	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	5/31/2019	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	5/31/2019	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	5/31/2019	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	5/31/2019	
64999	Unlisted procedure, nervous system	5/31/2019	
65771	Radial Keratotomy	5/31/2019	10/1/2024
66999	Unlisted procedure, anterior segment of eye	5/31/2019	
67299	Unlisted procedure, posterior segment	5/31/2019	
67399	Unlisted procedure, extraocular muscle	5/31/2019	
67599	Unlisted procedure, orbit	5/31/2019	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	5/31/2019	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	5/31/2019	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	5/31/2019	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	5/31/2019	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	5/31/2019	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	5/31/2019	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)	5/31/2019	
67909	Reduction of overcorrection of ptosis	5/31/2019	
67911	Correction of lid retraction	5/31/2019	
67950	Canthoplasty (reconstruction of canthus)	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
67999	Unlisted procedure, eyelids	5/31/2019	
68399	Unlisted procedure, conjunctiva	5/31/2019	
68899	Unlisted procedure, lacrimal system	5/31/2019	
69300	Otoplasty, protruding ear, with or without size reduction	5/31/2019	
69399	Unlisted procedure, external ear	5/31/2019	
69799	Unlisted procedure, middle ear	5/31/2019	
69949	Unlisted procedure, inner ear	5/31/2019	
69979	Unlisted procedure, temporal bone, middle fossa approach	5/31/2019	
70300	Radiologic examination, teeth; single view	5/31/2019	
70310	Radiologic examination, teeth; partial examination, less than full mouth	5/31/2019	
70320	Radiologic examination, teeth; complete, full mouth	5/31/2019	
70350	Cephalogram, orthodontic	5/31/2019	
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	5/31/2019	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	5/31/2019	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	5/31/2019	
76499	Unlisted diagnostic radiographic procedure	5/31/2019	
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	5/31/2019	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	5/31/2019	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	5/31/2019	
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	5/31/2019	
77499	Unlisted procedure, therapeutic radiology treatment management	5/31/2019	
77799	Unlisted procedure, clinical brachytherapy	5/31/2019	
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	5/31/2019	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	5/31/2019	
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	5/31/2019	
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	5/31/2019	
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	5/31/2019	
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	5/31/2019	
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	5/31/2019	
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	5/31/2019	
79999	Radiopharmaceutical therapy, unlisted procedure	5/31/2019	
81162	"BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)"	1/1/2025	1/1/2025
81226	"CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)"	1/1/2025	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B- cell), variable region somatic mutation analysis	1/1/2025	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1/1/2025	
81295	"MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis"	1/1/2025	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1/1/2025	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1/1/2025	
81406	"Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)"	1/1/2025	
81407	"Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)"	1/1/2025	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	1/1/2025	
81432	"Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53"	1/1/2025	
81445	"Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis"	1/1/2025	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
81450	"Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5- 50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis"	1/1/2025	
81455	"Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis"	1/1/2025	
81479	Unlisted molecular pathology procedure	1/1/2025	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	1/1/2025	
81599	Unlisted multianalyte assay with algorithmic analysis	5/31/2019	
84999	Unlisted chemistry procedure	5/31/2019	
85999	Unlisted hematology and coagulation procedure	5/31/2019	
86367	Stem cells (ie, CD34), total count	5/31/2019	
86849	Unlisted immunology procedure	5/31/2019	
87999	Unlisted microbiology procedure	5/31/2019	
88199	Unlisted cytopathology procedure	5/31/2019	
88291	Cytogenetics and molecular cytogenetics, interpretation and report	1/1/2025	
88299	Unlisted cytogenetic study	5/31/2019	
88399	Unlisted surgical pathology procedure	5/31/2019	
89240	Unlisted miscellaneous pathology test	5/31/2019	
89398	Unlisted reproductive medicine laboratory procedure	5/31/2019	
90867	"Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery, and management"	5/31/2019	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	5/31/2019	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment ; subsequent motor threshold re-determination with delivery and management	5/31/2019	
90870	Electroconvulsive therapy (includes necessary monitoring)	5/31/2019	
90899	Unlisted psychiatric service or procedure	5/31/2019	
91299	Unlisted diagnostic gastroenterology procedure	5/31/2019	
92499	Unlisted ophthalmological service or procedure	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
92700	Unlisted otorhinolaryngological service or procedure	5/31/2019	
93799	Unlisted cardiovascular service or procedure	5/31/2019	
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	5/31/2019	
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	5/31/2019	
94799	Unlisted pulmonary service or procedure	5/31/2019	
95199	Unlisted allergy/clinical immunologic service or procedure	5/31/2019	
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	5/31/2019	
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	5/31/2019	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	5/31/2019	
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5/31/2019	
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5/31/2019	
95999	Unlisted neurological or neuromuscular diagnostic procedure	5/31/2019	
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	5/31/2019	
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	5/31/2019	
96549	Unlisted chemotherapy procedure	5/31/2019	
96904	Whole body integumentary photography, for monitoring of high-risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	5/31/2019	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	5/31/2019	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	5/31/2019	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	5/31/2019	
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	5/31/2019	
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	5/31/2019	
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	5/31/2019	
96999	Unlisted special dermatological service or procedure	5/31/2019	
97039	Unlisted modality (specify type and time if constant attendance)	5/31/2019	
97139	Unlisted therapeutic procedure (specify)	5/31/2019	
97799	Unlisted physical medicine/rehabilitation service or procedure	5/31/2019	
99199	Unlisted special service, procedure or report	5/31/2019	
99600	Unlisted home visit service or procedure	5/31/2019	
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	5/31/2019	
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	5/31/2019	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
0665T	Donor hysterectomy (including cold preservation); open, from living donor	5/31/2019	
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	5/31/2019	
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	5/31/2019	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	5/31/2019	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	5/31/2019	
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	5/31/2019	
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (e.g., removal of setons, fistula curettage, closure of internal openings)	5/31/2019	
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	5/31/2019	
A0425	Ground mileage, per statute mile	5/31/2019	
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	5/31/2019	
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	5/31/2019	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	5/31/2019	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	5/31/2019	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	5/31/2019	
A0433	Advanced life support, level 2 (ALS 2)	5/31/2019	
A0434	Specialty care transport (SCT)	5/31/2019	
A0435	Fixed wing air mileage, per statute mile	5/31/2019	
A0436	Rotary wing air mileage, per statute mile	5/31/2019	
A0999	Unlisted ambulance service	5/31/2019	
A4290	Sacral nerve stimulation test lead, each	5/31/2019	
A4321	Therapeutic agent for urinary catheter irrigation	5/31/2019	
A4335	Incontinence supply; miscellaneous	5/31/2019	
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	5/31/2019	
A4421	Ostomy supply; miscellaneous	5/31/2019	
A4559	Coupling gel or paste, for use with ultrasound device, per oz	5/31/2019	
A4649	Surgical supply; miscellaneous	5/31/2019	
A4913	Miscellaneous dialysis supplies, not otherwise specified	5/31/2019	
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	5/31/2019	
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	5/31/2019	
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified	5/31/2019	
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	5/31/2019	
A9999	Miscellaneous DME supply or accessory, not otherwise specified	5/31/2019	
B9998	NOC for enteral supplies	5/31/2019	
B9999	NOC for parenteral supplies	5/31/2019	
C1889	Implantable/insertable device, not otherwise classified	5/31/2019	
C9727	Insertion of implants into the soft palate; minimum of three implants	5/31/2019	
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	5/31/2019	
E0735	Noninvasive vagus nerve stimulator	5/31/2019	
E0744	Neuromuscular stimulator for scoliosis	5/31/2019	
E0745	Neuromuscular stimulator, electronic shock unit	5/31/2019	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	5/31/2019	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	5/31/2019	
E0749	Osteogenesis stimulator, electrical, surgically implanted	5/31/2019	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	5/31/2019	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	5/31/2019	
E1229	Wheelchair, pediatric size, not otherwise specified	5/31/2019	
E1239	Power wheelchair, pediatric size, not otherwise specified	5/31/2019	
E1399	Durable medical equipment, miscellaneous	5/31/2019	
E1699	Dialysis equipment, not otherwise specified	5/31/2019	
E2599	Accessory for speech generating device, not otherwise classified	5/31/2019	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	5/31/2019	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	5/31/2019	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	5/31/2019	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	5/31/2019	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	5/31/2019	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	5/31/2019	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	5/31/2019	
J7699	NOC drugs, inhalation solution administered through DME	5/31/2019	
J7799	NOC drugs, other than inhalation drugs, administered through DME	5/31/2019	
J7999	Compounded drug, not otherwise classified	5/31/2019	
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	5/31/2019	
K0108	Wheelchair component or accessory, not otherwise specified	5/31/2019	
K0900	Customized durable medical equipment, other than wheelchair	5/31/2019	
L0999	Addition to spinal orthosis, not otherwise specified	5/31/2019	
L1499	Spinal orthosis, not otherwise specified	5/31/2019	
L2999	Lower extremity orthoses, not otherwise specified	5/31/2019	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	5/31/2019	
L3999	Upper limb orthosis, not otherwise specified	5/31/2019	
L4205	Repair of orthotic device, labor component, per 15 minutes	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5050	Ankle, Symes, molded socket, SACH foot	5/31/2019	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)	5/31/2019	
L5100	Below knee (BK), molded socket, shin, SACH foot	5/31/2019	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	5/31/2019	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	5/31/2019	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	5/31/2019	
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	5/31/2019	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	5/31/2019	
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	5/31/2019	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	5/31/2019	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	5/31/2019	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	5/31/2019	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	5/31/2019	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	5/31/2019	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	5/31/2019	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	5/31/2019	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	5/31/2019	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	5/31/2019	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	5/31/2019	
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	5/31/2019	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	5/31/2019	
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	5/31/2019	
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	5/31/2019	
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	5/31/2019	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	5/31/2019	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	5/31/2019	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	5/31/2019	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	5/31/2019	
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	5/31/2019	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	5/31/2019	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	5/31/2019	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	5/31/2019	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	5/31/2019	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	5/31/2019	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	5/31/2019	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	5/31/2019	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	5/31/2019	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracandence system	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	5/31/2019	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	5/31/2019	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	5/31/2019	
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	5/31/2019	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	5/31/2019	
L5618	Addition to lower extremity, test socket, Symes	5/31/2019	
L5620	Addition to lower extremity, test socket, below knee (BK)	5/31/2019	
L5622	Addition to lower extremity, test socket, knee disarticulation	5/31/2019	
L5624	Addition to lower extremity, test socket, above knee (AK)	5/31/2019	
L5626	Addition to lower extremity, test socket, hip disarticulation	5/31/2019	
L5628	Addition to lower extremity, test socket, hemipelvectomy	5/31/2019	
L5629	Addition to lower extremity, below knee, acrylic socket	5/31/2019	
L5630	Addition to lower extremity, Symes type, expandable wall socket	5/31/2019	
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	5/31/2019	
L5632	Addition to lower extremity, Symes type, PTB brim design socket	5/31/2019	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	5/31/2019	
L5636	Addition to lower extremity, Symes type, medial opening socket	5/31/2019	
L5637	Addition to lower extremity, below knee (BK), total contact	5/31/2019	
L5638	Addition to lower extremity, below knee (BK), leather socket	5/31/2019	
L5639	Addition to lower extremity, below knee (BK), wood socket	5/31/2019	
L5640	Addition to lower extremity, knee disarticulation, leather socket	5/31/2019	
L5642	Addition to lower extremity, above knee (AK), leather socket	5/31/2019	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	5/31/2019	
L5644	Addition to lower extremity, above knee (AK), wood socket	5/31/2019	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	5/31/2019	
L5647	Addition to lower extremity, below knee (BK), suction socket	5/31/2019	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	5/31/2019	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	5/31/2019	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	5/31/2019	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	5/31/2019	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	5/31/2019	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	5/31/2019	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	5/31/2019	
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	5/31/2019	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	5/31/2019	
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	5/31/2019	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	5/31/2019	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	5/31/2019	
L5666	Addition to lower extremity, below knee (BK), cuff suspension	5/31/2019	
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	5/31/2019	
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	5/31/2019	
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	5/31/2019	
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	5/31/2019	
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	5/31/2019	
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	5/31/2019	
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	5/31/2019	
L5678	Additions to lower extremity, below knee (BK), joint covers, pair	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	5/31/2019	
L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	5/31/2019	
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	5/31/2019	
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	5/31/2019	
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	5/31/2019	
L5684	Addition to lower extremity, below knee, fork strap	5/31/2019	
L5686	Addition to lower extremity, below knee (BK), back check (extension control)	5/31/2019	
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	5/31/2019	
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	5/31/2019	
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	5/31/2019	
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	5/31/2019	
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	5/31/2019	
L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	5/31/2019	
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	5/31/2019	
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	5/31/2019	
L5699	All lower extremity prostheses, shoulder harness	5/31/2019	
L5700	Replacement, socket, below knee (BK), molded to patient model	5/31/2019	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	5/31/2019	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	5/31/2019	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	5/31/2019	
L5704	Custom shaped protective cover, below knee (BK)	5/31/2019	
L5705	Custom shaped protective cover, above knee (AK)	5/31/2019	
L5706	Custom shaped protective cover, knee disarticulation	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5707	Custom shaped protective cover, hip disarticulation	5/31/2019	
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	5/31/2019	
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	5/31/2019	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	5/31/2019	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	5/31/2019	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	5/31/2019	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	5/31/2019	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	5/31/2019	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	5/31/2019	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	5/31/2019	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	5/31/2019	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	5/31/2019	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	5/31/2019	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	5/31/2019	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	5/31/2019	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	5/31/2019	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	5/31/2019	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	5/31/2019	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	5/31/2019	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	5/31/2019	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	5/31/2019	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	5/31/2019	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	5/31/2019	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	5/31/2019	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	5/31/2019	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	5/31/2019	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	5/31/2019	
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	5/31/2019	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	5/31/2019	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	5/31/2019	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	5/31/2019	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	5/31/2019	
L5910	Addition, endoskeletal system, below knee (BK), alignable system	5/31/2019	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	5/31/2019	
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	5/31/2019	
L5930	Addition, endoskeletal system, high activity knee control frame	5/31/2019	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	5/31/2019	
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	5/31/2019	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	5/31/2019	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	5/31/2019	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	5/31/2019	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	5/31/2019	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	5/31/2019	
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	5/31/2019	
L5972	All lower extremity prostheses, foot, flexible keel	5/31/2019	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	5/31/2019	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	5/31/2019	
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	5/31/2019	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	5/31/2019	
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	5/31/2019	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	5/31/2019	
L5980	All lower extremity prostheses, flex-foot system	5/31/2019	
L5981	All lower extremity prostheses, flex-walk system or equal	5/31/2019	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	5/31/2019	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	5/31/2019	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	5/31/2019	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	5/31/2019	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	5/31/2019	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	5/31/2019	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic Connector	5/31/2019	
L5999	Lower extremity prosthesis, not otherwise specified	5/31/2019	
L6000	Partial hand, thumb remaining	5/31/2019	
L6010	Partial hand, little and/or ring finger remaining	5/31/2019	
L6020	Partial hand, no finger remaining	5/31/2019	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	5/31/2019	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	5/31/2019	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	5/31/2019	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	5/31/2019	
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	5/31/2019	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	5/31/2019	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	5/31/2019	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	5/31/2019	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	5/31/2019	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	5/31/2019	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	5/31/2019	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	5/31/2019	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	5/31/2019	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	5/31/2019	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	5/31/2019	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	5/31/2019	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	5/31/2019	
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	5/31/2019	
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	5/31/2019	
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	5/31/2019	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	5/31/2019	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	5/31/2019	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	5/31/2019	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	5/31/2019	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	5/31/2019	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	5/31/2019	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	5/31/2019	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	5/31/2019	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	5/31/2019	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	5/31/2019	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	5/31/2019	
L6600	Upper extremity additions, polycentric hinge, pair	5/31/2019	
L6605	Upper extremity additions, single pivot hinge, pair	5/31/2019	
L6610	Upper extremity additions, flexible metal hinge, pair	5/31/2019	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	5/31/2019	
L6615	Upper extremity addition, disconnect locking wrist unit	5/31/2019	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	5/31/2019	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	5/31/2019	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	5/31/2019	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	5/31/2019	
L6625	Upper extremity addition, rotation wrist unit with cable lock	5/31/2019	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	5/31/2019	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	5/31/2019	
L6630	Upper extremity addition, stainless steel, any wrist	5/31/2019	
L6632	Upper extremity addition, latex suspension sleeve, each	5/31/2019	
L6635	Upper extremity addition, lift assist for elbow	5/31/2019	
L6637	Upper extremity addition, nudge control elbow lock	5/31/2019	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	5/31/2019	
L6640	Upper extremity additions, shoulder abduction joint, pair	5/31/2019	
L6641	Upper extremity addition, excursion amplifier, pulley type	5/31/2019	
L6642	Upper extremity addition, excursion amplifier, lever type	5/31/2019	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	5/31/2019	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	5/31/2019	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	5/31/2019	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	5/31/2019	
L6650	Upper extremity addition, shoulder universal joint, each	5/31/2019	
L6655	Upper extremity addition, standard control cable, extra	5/31/2019	
L6660	Upper extremity addition, heavy-duty control cable	5/31/2019	
L6665	Upper extremity addition, Teflon, or equal, cable lining	5/31/2019	
L6670	Upper extremity addition, hook to hand, cable adapter	5/31/2019	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	5/31/2019	
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	5/31/2019	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	5/31/2019	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	5/31/2019	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	5/31/2019	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	5/31/2019	
L6686	Upper extremity addition, suction socket	5/31/2019	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	5/31/2019	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	5/31/2019	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	5/31/2019	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	5/31/2019	
L6691	Upper extremity addition, removable insert, each	5/31/2019	
L6692	Upper extremity addition, silicone gel insert or equal, each	5/31/2019	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	5/31/2019	
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	5/31/2019	
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	5/31/2019	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	5/31/2019	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	5/31/2019	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	5/31/2019	
L6703	Terminal device, passive hand/mitt, any material, any size	5/31/2019	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	5/31/2019	
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	5/31/2019	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	5/31/2019	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	5/31/2019	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	5/31/2019	
L6805	Addition to terminal device, modifier wrist unit	5/31/2019	
L6810	Addition to terminal device, precision pinch device	5/31/2019	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	5/31/2019	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	5/31/2019	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	5/31/2019	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	5/31/2019	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	5/31/2019	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	5/31/2019	
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	5/31/2019	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	5/31/2019	
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	5/31/2019	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	5/31/2019	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	5/31/2019	
L6915	Hand restoration (shading and measurements included), replacement glove for above	5/31/2019	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	5/31/2019	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	5/31/2019	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5/31/2019	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	5/31/2019	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5/31/2019	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	5/31/2019	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5/31/2019	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	5/31/2019	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5/31/2019	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	5/31/2019	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5/31/2019	
L7007	Electric hand, switch or myoelectric controlled, adult	5/31/2019	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	5/31/2019	
L7009	Electric hook, switch or myoelectric controlled, adult	5/31/2019	
L7040	Prehensile actuator, switch controlled	5/31/2019	
L7045	Electric hook, switch or myoelectric controlled, pediatric	5/31/2019	
L7170	Electronic elbow, Hosmer or equal, switch controlled	5/31/2019	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	5/31/2019	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	5/31/2019	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	5/31/2019	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	5/31/2019	
L7259	Electronic wrist rotator, any type	5/31/2019	
L7360	Six volt battery, each	5/31/2019	
L7362	Battery charger, six volt, each	5/31/2019	
L7364	Twelve volt battery, each	5/31/2019	
L7366	Battery charger, 12 volt, each	5/31/2019	
L7367	Lithium ion battery, rechargeable, replacement	5/31/2019	
L7368	Lithium ion battery charger, replacement only	5/31/2019	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	5/31/2019	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	5/31/2019	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	5/31/2019	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	5/31/2019	
L7510	Repair of prosthetic device, repair or replace minor parts	5/31/2019	
L7520	Repair prosthetic device, labor component, per 15 minutes	5/31/2019	
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	5/31/2019	
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	5/31/2019	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	5/31/2019	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	5/31/2019	
L8020	Breast prosthesis, mastectomy form	5/31/2019	
L8030	Breast prosthesis, silicone or equal, without integral adhesive	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L8031	Breast prosthesis, silicone or equal, with integral adhesive	5/31/2019	
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	5/31/2019	
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	5/31/2019	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	5/31/2019	
L8039	Breast prosthesis, not otherwise specified	5/31/2019	
L8040	Nasal prosthesis, provided by a nonphysician	5/31/2019	
L8041	Midfacial prosthesis, provided by a nonphysician	5/31/2019	
L8042	Orbital prosthesis, provided by a nonphysician	5/31/2019	
L8043	Upper facial prosthesis, provided by a nonphysician	5/31/2019	
L8044	Hemi-facial prosthesis, provided by a nonphysician	5/31/2019	
L8045	Auricular prosthesis, provided by a nonphysician	5/31/2019	
L8046	Partial facial prosthesis, provided by a nonphysician	5/31/2019	
L8047	Nasal septal prosthesis, provided by a nonphysician	5/31/2019	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	5/31/2019	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	5/31/2019	
L8499	Unlisted procedure for miscellaneous prosthetic services	5/31/2019	
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	5/31/2019	
L8609	Artificial cornea	5/31/2019	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	5/31/2019	
L8679	Implantable neurostimulator, pulse generator, any type	5/31/2019	
L8680	Implantable neurostimulator electrode, each	5/31/2019	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	5/31/2019	
L8682	Implantable neurostimulator radiofrequency receiver	5/31/2019	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	5/31/2019	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	5/31/2019	
L8699	Prosthetic implant, not otherwise specified	5/31/2019	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	5/31/2019	
P9099	Blood component or product not otherwise classified	5/31/2019	
Q2026	Injection, Radiesse, 0.1 ml	5/31/2019	
Q2028	Injection, sculptra, 0.5 mg	5/31/2019	
Q4050	Cast supplies, for unlisted types and materials of casts	5/31/2019	
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	5/31/2019	
S0215	Nonemergency transportation; mileage, per mile	5/31/2019	
S5497	"Home infusion therapy, catheter care/maintenance , not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	5/31/2019	
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 (drugs and nursing visits coded separately), per diem"	5/31/2019	
S5502	"Home infusion therapy, catheter care/maintenance , implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	5/31/2019	
S5518	Home infusion therapy, all supplies necessary for catheter repair	5/31/2019	
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	5/31/2019	
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	5/31/2019	
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	5/31/2019	
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	5/31/2019	
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9328	"Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9330	"Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem	5/31/2019	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment per diem	5/31/2019	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9346	"Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9348	"Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
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), per diem"	5/31/2019	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9357	"Home infusion therapy, enzyme replacement intravenous therapy; (e.g., lmglycerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9359	"Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9363	"Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9374	"Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
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 and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
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 and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9377	"Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9379	"Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	5/31/2019	
S9494	"Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately, per diem)"	5/31/2019	
S9497	"Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9500	"Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
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 (drugs and nursing visits coded separately), per diem	5/31/2019	
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 (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9503	"Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9504	"Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem"	5/31/2019	
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	5/31/2019	
S9976	Lodging, per diem, not otherwise classified	5/31/2019	
V2199	Not otherwise classified, single vision lens	5/31/2019	
V2299	Specialty bifocal (by report)	5/31/2019	
V2399	Specialty trifocal (by report)	5/31/2019	
V2499	Variable sphericity lens, other type	5/31/2019	
V2599	Contact lens, other type	5/31/2019	
V2623	Prosthetic eye, plastic, custom	5/31/2019	
V2624	Polishing/resurfacing of ocular prosthesis	5/31/2019	
V2625	Enlargement of ocular prosthesis	5/31/2019	

Blue Cross Blue Shield of North Carolina Medicare Advantage Prior Authorization List

Codes	Description	Effective Date	Ineffective Date
V2626	Reduction of ocular prosthesis	5/31/2019	
V2627	Scleral cover shell	5/31/2019	
V2628	Fabrication and fitting of ocular conformer	5/31/2019	
V2629	Prosthetic eye, other type	5/31/2019	
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	5/31/2019	
V2799	Vision item or service, miscellaneous	5/31/2019	
V5298	Hearing aid, not otherwise classified	5/31/2019	
V5299	Hearing service, miscellaneous	5/31/2019	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare

1st quarter 2025

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com. If the member's group is not enrolled in the Carelon Medical Benefits Management program indicated, PPA is not required for that procedure in the specified place of service.

[Current Radiology Guidelines | Carelon Clinical Guidelines and Pathways](#)—access this link to view Radiology guidelines from Carelon

[Carelon MBM provider portal](#)—access this link to request Prior Authorization for any code listed below

Code	Description	Notice Date	Effective Date	Ineffective Date
70336	MRI temporomandibular joint(s)	1/1/2023	4/24/2023	
70450	CT head or brain; w/o contrast	1/1/2023	4/24/2023	
70460	CT head or brain; with contrast	1/1/2023	4/24/2023	
70470	CT head or brain; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70480	CT orbit, sella or posterior fossa; w/o contrast	1/1/2023	4/24/2023	
70481	CT orbit, sella or posterior fossa; with contrast	1/1/2023	4/24/2023	
70482	CT orbit, sella or posterior fossa; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70486	CT maxillofacial area; w/o contrast	1/1/2023	4/24/2023	
70487	CT maxillofacial area; with contrast	1/1/2023	4/24/2023	
70488	CT maxillofacial area; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70490	CT soft tissue neck; w/o contrast	1/1/2023	4/24/2023	
70491	CT soft tissue neck; with contrast	1/1/2023	4/24/2023	
70492	CT soft tissue neck; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70496	CTA head	1/1/2023	4/24/2023	
70498	CTA neck	1/1/2023	4/24/2023	
70540	MRI orbit, face and neck; w/o contrast	1/1/2023	4/24/2023	
70542	MRI orbit, face and neck; with contrast	1/1/2023	4/24/2023	
70543	MRI orbit, face and neck; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70544	MRA head; w/o contrast	1/1/2023	4/24/2023	
70545	MRA head; with contrast	1/1/2023	4/24/2023	
70546	MRA head; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70547	MRA neck; w/o contrast	1/1/2023	4/24/2023	
70548	MRA neck; with contrast	1/1/2023	4/24/2023	
70549	MRA neck; w/o contrast followed by contrast	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
70551	MRI brain; w/o contrast	1/1/2023	4/24/2023	
70552	MRI brain; with contrast	1/1/2023	4/24/2023	
70553	MRI brain; w/o contrast followed by contrast	1/1/2023	4/24/2023	
70554	FMRI brain; by tech	1/1/2023	4/24/2023	
70555	FMRI brain; by phys/psych	1/1/2023	4/24/2023	
71250	CT thorax; w/o contrast	1/1/2023	4/24/2023	
71260	CT thorax; with contrast	1/1/2023	4/24/2023	
71270	CT thorax; w/o contrast followed by contrast	1/1/2023	4/24/2023	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1/1/2023	4/24/2023	
71275	CTA chest (noncoronary)	1/1/2023	4/24/2023	
71550	MRI chest; w/o contrast	1/1/2023	4/24/2023	
71551	MRI chest; with contrast	1/1/2023	4/24/2023	
71552	MRI chest; w/o contrast followed by contrast	1/1/2023	4/24/2023	
71555	MRA chest; with or w/o contrast	1/1/2023	4/24/2023	
72125	CT cervical spine; w/o contrast	1/1/2023	4/24/2023	
72126	CT cervical spine; with contrast	1/1/2023	4/24/2023	
72127	CT cervical spine; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72128	CT thoracic spine; w/o contrast	1/1/2023	4/24/2023	
72129	CT thoracic spine; with contrast	1/1/2023	4/24/2023	
72130	CT thoracic spine; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72131	CT lumbar spine; w/o contrast	1/1/2023	4/24/2023	
72132	CT lumbar spine; with contrast	1/1/2023	4/24/2023	
72133	CT lumbar spine; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72141	MRI cervical spine; w/o contrast	1/1/2023	4/24/2023	
72142	MRI cervical spine; with contrast	1/1/2023	4/24/2023	
72146	MRI thoracic spine; w/o contrast	1/1/2023	4/24/2023	
72147	MRI thoracic spine; with contrast	1/1/2023	4/24/2023	
72148	MRI lumbar spine; w/o contrast	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
72149	MRI lumbar spine; with contrast	1/1/2023	4/24/2023	
72156	MRI cervical spine; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72157	MRI thoracic spine; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72158	MRI lumbar spine; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72159	MRA spinal canal and contents with or w/o contrast	1/1/2023	4/24/2023	
72191	CTA pelvis DIM	1/1/2023	4/24/2023	
72192	CT pelvis; w/o contrast	1/1/2023	4/24/2023	
72193	CT pelvis; with contrast	1/1/2023	4/24/2023	
72194	CT pelvis w/o contrast followed by contrast	1/1/2023	4/24/2023	
72195	MRI pelvis; w/o contrast	1/1/2023	4/24/2023	
72196	MRI pelvis; with contrast	1/1/2023	4/24/2023	
72197	MRI pelvis; w/o contrast followed by contrast	1/1/2023	4/24/2023	
72198	MRA pelvis; with or w/o contrast	1/1/2023	4/24/2023	
73200	CT upper extremity; w/o contrast	1/1/2023	4/24/2023	
73201	CT upper extremity; with contrast	1/1/2023	4/24/2023	
73202	CT upper extremity; w/o contrast followed by contrast	1/1/2023	4/24/2023	
73206	CTA upper extremity	1/1/2023	4/24/2023	
73218	MRI upper extremity, other than joint w/o contrast	1/1/2023	4/24/2023	
73219	MRI upper extremity, other than joint with contrast	1/1/2023	4/24/2023	
73220	MRI upper extremity, other than joint w/o contrast followed by contrast	1/1/2023	4/24/2023	
73221	MRI upper extremity, any joint w/o contrast	1/1/2023	4/24/2023	
73222	MRI upper extremity, any joint with contrast	1/1/2023	4/24/2023	
73223	MRI upper extremity, any joint w/o contrast followed by contrast	1/1/2023	4/24/2023	
73225	MRA upper extremity; with or w/o contrast	1/1/2023	4/24/2023	
73700	CT lower extremity; w/o contrast	1/1/2023	4/24/2023	
73701	CT lower extremity; with contrast	1/1/2023	4/24/2023	
73702	CT lower extremity; w/o contrast followed by contrast	1/1/2023	4/24/2023	
73706	CTA lower extremity	1/1/2023	4/24/2023	
73718	MRI lower extremity, other than joint w/o contrast	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
73719	MRI lower extremity, other than joint w contrast	1/1/2023	4/24/2023	
73720	MRI lower extremity, other than joint w/o contrast followed by contrast	1/1/2023	4/24/2023	
73721	MRI lower extremity, any joint w/o contrast	1/1/2023	4/24/2023	
73722	MRI lower extremity, any joint w contrast	1/1/2023	4/24/2023	
73723	MRI lower extremity, any joint w/o contrast followed by contrast	1/1/2023	4/24/2023	
73725	MRA lower extremity; with or w/o contrast	1/1/2023	4/24/2023	
74150	CT abdomen; w/o contrast	1/1/2023	4/24/2023	
74160	CT abdomen; with contrast	1/1/2023	4/24/2023	
74170	CT abdomen; w/o contrast followed by contrast	1/1/2023	4/24/2023	
74174	CTA abdomen & pelvis	1/1/2023	4/24/2023	
74175	CTA abdomen	1/1/2023	4/24/2023	
74176	Computed tomography, abdomen and pelvis; without contrast material	1/1/2023	4/24/2023	
74177	Computed tomography, abdomen and pelvis; with contrast	1/1/2023	4/24/2023	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	1/1/2023	4/24/2023	
74181	MRI abdomen; w/o contrast	1/1/2023	4/24/2023	
74182	MRI abdomen; with contrast	1/1/2023	4/24/2023	
74183	MRI abdomen; w/o contrast followed by contrast	1/1/2023	4/24/2023	
74185	MRA abdomen; with or w/o contrast	1/1/2023	4/24/2023	
74261	CT Colonography, diagnostic, including image postprocessing, w/o contrast	1/1/2023	4/24/2023	
74262	CT Colonography, diagnostic, including image postprocessing, with contrast	1/1/2023	4/24/2023	
74712	MRI fetal; including placental and maternal pelvic imaging (initial gestation)	1/1/2023	4/24/2023	
74713	MRI fetal; including placental and maternal pelvic imaging (each additional gestation)	1/1/2023	4/24/2023	
75557	MRI cardiac for morphology & function, w/o contrast	1/1/2023	4/24/2023	
75559	MRI cardiac for morphology & function, w/o contrast; w/stress imaging	1/1/2023	4/24/2023	
75561	MRI cardiac for morphology & function, w/o contrast; followed by contrast & further sequences	1/1/2023	4/24/2023	
75563	MRI cardiac for morphology & function, w/o contrast; followed by contrast & further sequences; w/stress imaging	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
75565	Cardiac MRI for velocity flow mapping	1/1/2023	4/24/2023	
75571	CT heart, w/o contrast, with quantitative evaluation of coronary calcium	1/1/2023	4/24/2023	
75572	CT heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1/1/2023	4/24/2023	
75573	CT heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation)	1/1/2023	4/24/2023	
75574	CT angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation)	1/1/2023	4/24/2023	
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	11/1/2023	1/1/2024	
75635	CTA abdominal aorta & bilateral iliofemoral lower extremity runoff	1/1/2023	4/24/2023	
76380	CT limited or localized follow-up study	1/1/2023	4/24/2023	
76390	MR Spectroscopy NOTE: (Non-covered by Original Medicare and Blue Medicare HMO and Blue Medicare PPO)	1/1/2023	4/24/2023	
76391	Magnetic resonance (eg, vibration) elastography	1/1/2023	4/24/2023	
77046	MRI breast, w/o contrast; unilateral	1/1/2023	4/24/2023	
77047	MRI breast, w/o contrast; bilateral	1/1/2023	4/24/2023	
77048	MRI breast, w/o contrast followed by contrast, including CAD; unilateral	1/1/2023	4/24/2023	
77049	MRI, breast, , w/o contrast followed by contrast, including CAD; bilateral	1/1/2023	4/24/2023	
77078	CT, bone mineral density study, 1 or more sites; axial skeleton (e.g. hips, pelvis, spine)	1/1/2023	4/24/2023	
77084	MRI bone marrow blood supply	1/1/2023	4/24/2023	
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	1/1/2023	4/24/2023	
78013	Thyroid imaging (including vascular flow, when performed);	1/1/2023	4/24/2023	
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	1/1/2023	4/24/2023	
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	1/1/2023	4/24/2023	
78018	Thyroid carcinoma metastases imaging; whole body	1/1/2023	4/24/2023	
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	1/1/2023	4/24/2023	
78070	Parathyroid planar imaging (including subtraction, when performed);	1/1/2023	4/24/2023	
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	1/1/2023	4/24/2023	
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	1/1/2023	4/24/2023	
78075	Adrenal imaging, cortex and/or medulla	1/1/2023	4/24/2023	
78102	Bone marrow imaging; limited area	1/1/2023	4/24/2023	
78103	Bone marrow imaging; multiple areas	1/1/2023	4/24/2023	
78104	Bone marrow imaging; whole body	1/1/2023	4/24/2023	
78185	Spleen imaging only, with or without vascular flow	1/1/2023	4/24/2023	
78195	Lymphatics and lymph nodes imaging	1/1/2023	4/24/2023	
78201	Liver imaging; static only	1/1/2023	4/24/2023	
78202	Liver imaging; with vascular flow	1/1/2023	4/24/2023	
78215	Liver and spleen imaging; static only	1/1/2023	4/24/2023	
78216	Liver and spleen imaging; with vascular flow	1/1/2023	4/24/2023	
78226	Hepatobiliary system imaging, including gallbladder when present;	1/1/2023	4/24/2023	
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	1/1/2023	4/24/2023	
78230	Salivary gland imaging;	1/1/2023	4/24/2023	
78231	Salivary gland imaging; with serial images	1/1/2023	4/24/2023	
78232	Salivary gland function study	1/1/2023	4/24/2023	
78258	Esophageal motility	1/1/2023	4/24/2023	
78261	Gastric mucosa imaging	1/1/2023	4/24/2023	
78262	Gastroesophageal reflux study	1/1/2023	4/24/2023	
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
78265	Gastric emptying imaging study (eg,solid, liquid, or both); with small bowel transit	1/1/2023	4/24/2023	
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	1/1/2023	4/24/2023	
78278	Acute gastrointestinal blood loss imaging	1/1/2023	4/24/2023	
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	1/1/2023	4/24/2023	
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	1/1/2023	4/24/2023	
78300	Bone and/or joint imaging; limited area	1/1/2023	4/24/2023	
78305	Bone and/or joint imaging; multiple areas	1/1/2023	4/24/2023	
78306	Bone and/or joint imaging; whole body	1/1/2023	4/24/2023	
78315	Bone and/or joint imaging; 3 phase study	1/1/2023	4/24/2023	
78429	PET myocardial, metabolic evaluation with concurrent CT	1/1/2023	4/24/2023	
78430	PET myocardial, perfusion, single study with concurrent CT	1/1/2023	4/24/2023	
78431	PET myocardial, perfusion, multiple studies, with concurrent CT	1/1/2023	4/24/2023	
78432	PET myocardial combined perfusion with metabolic evaluation study	1/1/2023	4/24/2023	
78433	PET myocardial combined perfusion with metabolic evaluation study with concurrent CT	1/1/2023	4/24/2023	
78434	PET myocardial Absolute quantitation of myocardial blood flow (AQMBF)	1/1/2023	4/24/2023	
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	1/1/2023	4/24/2023	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	1/1/2023	4/24/2023	
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress	1/1/2023	4/24/2023	
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1/1/2023	4/24/2023	
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic)	1/1/2023	4/24/2023	
78456	Acute venous thrombosis imaging, peptide	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
78457	Venous thrombosis imaging, venogram; unilateral	1/1/2023	4/24/2023	
78458	Venous thrombosis imaging, venogram; bilateral	1/1/2023	4/24/2023	
78459	PET myocardial, metabolic evaluation	1/1/2023	4/24/2023	
78466	Planar, infarct avid; qualitative or quantitative	1/1/2023	4/24/2023	
78468	Planar, infarct avid; with ejection fraction by first pass technique	1/1/2023	4/24/2023	
78469	SPECT, infarct avid; with or w/o quantification	1/1/2023	4/24/2023	
78472	Gated equilibrium; planar, single study, wall motion plus	1/1/2023	4/24/2023	
78473	Gated equilibrium; planar, multiple studies, wall motion study plus ejection fraction	1/1/2023	4/24/2023	
78481	First pass tech; single study, wall motion study plus ejection fraction	1/1/2023	4/24/2023	
78483	First pass tech; multiple studies, wall motion study plus ejection fraction	1/1/2023	4/24/2023	
78491	PET myocardial, perfusion, single study	1/1/2023	4/24/2023	
78492	PET myocardial, perfusion, multiple studies	1/1/2023	4/24/2023	
78494	Gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction	1/1/2023	4/24/2023	
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	1/1/2023	4/24/2023	
78580	Pulmonary perfusion imaging (eg, particulate)	1/1/2023	4/24/2023	
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	1/1/2023	4/24/2023	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique	1/1/2023	4/24/2023	
78597	Quantitative differential pulmonary perfusion, including imaging when performed	1/1/2023	4/24/2023	
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas),including imaging when performed	1/1/2023	4/24/2023	
78600	Brain imaging, less than 4 static views;	1/1/2023	4/24/2023	
78601	Brain imaging, less than 4 static views; with vascular flow	1/1/2023	4/24/2023	
78605	Brain imaging, minimum 4 static views;	1/1/2023	4/24/2023	
78606	Brain imaging, minimum 4 static views; with vascular flow	1/1/2023	4/24/2023	
78608	PET brain, metabolic evaluation	1/1/2023	4/24/2023	
78610	Brain imaging, vascular flow only	1/1/2023	4/24/2023	
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); Cisternography	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	1/1/2023	4/24/2023	
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	1/1/2023	4/24/2023	
78650	Cerebrospinal fluid leakage detection and localization	1/1/2023	4/24/2023	
78660	Radiopharmaceutical dacryocystography	1/1/2023	4/24/2023	
78700	Kidney imaging morphology;	1/1/2023	4/24/2023	
78701	Kidney imaging morphology; with vascular flow	1/1/2023	4/24/2023	
78707	Kidney imaging morphology; with vascular flow and function, single study Without pharmacological intervention	1/1/2023	4/24/2023	
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	1/1/2023	4/24/2023	
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	1/1/2023	4/24/2023	
78725	Kidney function study, non-imaging radioisotopic study	1/1/2023	4/24/2023	
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	1/1/2023	4/24/2023	
78740	Ureteral reflux study(radiopharmaceutical voiding cystogram)	1/1/2023	4/24/2023	
78761	Testicular imaging with vascular flow	1/1/2023	4/24/2023	
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	1/1/2023	4/24/2023	
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	1/1/2023	4/24/2023	
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	1/1/2023	4/24/2023	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) , single area (eg, head, neck, chest, pelvis), single day imaging	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Authorization List-Blue Medicare 1st quarter 2025

Code	Description	Notice Date	Effective Date	Ineffective Date
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	1/1/2023	4/24/2023	
78811	PET tumor imaging, limited	1/1/2023	4/24/2023	
78812	PET tumor imaging, skull base to mid-thigh	1/1/2023	4/24/2023	
78813	PET tumor imaging, whole body	1/1/2023	4/24/2023	
78814	PET tumor imaging with concurrent CT, limited	1/1/2023	4/24/2023	
78815	PET tumor imaging with concurrent CT, skull to midthigh	1/1/2023	4/24/2023	
78816	PET tumor imaging with concurrent CT, whole body	1/1/2023	4/24/2023	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	1/1/2023	4/24/2023	
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	1/1/2023	4/24/2023	
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	1/1/2023	4/24/2023	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including postprocessing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	1/1/2023	4/24/2023	

Blue Medicare Advantage SM (HMO) Medical Oncology Program Prior Review Code List

*Prior approval is required for all drugs listed below regardless of the HCPCS code submitted on the claim. The requirement is based on the drug itself—not the code chosen to submit on the claim.

Code	Description	Notice Date	Effective Date	Ineffective Date
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)		4/1/2017	
J0885	INJECTION, EPOETIN ALFA, (NON-ESRD USE), 1000 UNITS		4/1/2017	
J0897	INJECTION, DENOSUMAB, 1 MG FOR ONCOLOGY INDICATIONS ONLY		4/1/2017	
J0185	INJECTION, APREPITANT, 1 MG (CINVANTI TM)		1/1/2020	
J1453	INJECTION, FOSAPREPITANT, 1 MG		4/1/2017	
J1448	INJECTION, TRILACICLIB, 1 MG		3/1/2022	
J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG [AKYNZEO®]		1/1/2020	
J1456	INJECTION, FOSAPREPITANT, 1MG		8/28/2023	
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG		4/1/2017	
J2469	INJECTION, PALONOSETRON HCL, 25 MCG		4/1/2017	
J2860	INJECTION, SILTUXIMAB, 10 MG		4/1/2017	
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU		3/1/2022	
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG		3/1/2022	
J9022	INJECTION, ATEZOLIZUMAB, 10 MG [TECENTRIQ™]		1/1/2018	
J9023	INJECTION, AVELUMAB, 10 MG [BAVENCIO™]		1/1/2019	
J9039	INJECTION, BLINATUMOMAB, 1 MCG		1/1/2018	
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG		4/1/2017	
J9043	INJECTION, CABAZITAXEL, 1 MG		4/1/2017	
J9047	INJECTION, CARFILZOMIB, 1 MG		4/1/2017	
J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE[VYXEOS™]		1/1/2020	
J9055	INJECTION, CETUXIMAB, 10 MG		4/1/2017	
J9057	INJECTION, COPANLISIB, 1 mg (ALIQOPA™)		1/1/2020	
J9061	INJECTION, AMIVANTAMAB -VMJW, 2 MG		3/1/2022	
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1MG		7/1/2023	
J9119	INJECTION, CEMIPILIMAB -RWLC, 1 MG		1/1/2020	
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE -FIHJ		3/1/2022	
J9145	INJECTION, DARATUMUMAB, 10 MG		4/1/2017	

Blue Medicare Advantage SM (HMO) Medical Oncology Program Prior Review Code List

*Prior approval is required for all drugs listed below regardless of the HCPCS code submitted on the claim. The requirement is based on the drug itself—not the code chosen to submit on the claim.

Code	Description	Notice Date	Effective Date	Ineffective Date
J9173	INJECTION, DURVALUMAB, 10 MG (IMFINZI™)		1/1/2020	
J9176	INJECTION, ELOTUZUMAB, 1 MG		4/1/2017	
J9177	INJECTION, ENFORTUMAB VEDOTIN -EJFV, 0.25 MG		1/1/2021	
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG		4/1/2017	
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG		4/1/2017	
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG [MYLOTARG™]		1/1/2019	
J9204	INJECTION, MOGAMULIZUMAB -KPKC, 1 MG		1/1/2020	
J9223	INJECTION, LURBINECTEDIN, 0.1 MG		3/1/2022	
J9227	INJECTION, ISATUXIMAB -IRFC, 10 MG		1/1/2021	
J9228	INJECTION, IPILIMUMAB, 1 MG [YERVOY]		4/1/2017	
J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG (BESPONSA®)		1/1/2020	
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES		7/1/2023	
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG		4/1/2017	
J9269	INJECTION, TAGRAXOFUSP -ERZS, 10 MCG		1/1/2020	
J9271	INJECTION, PEMBROLIZUMAB, 1 MG		4/1/2017	
J9272	INJECTION, DOSTARLIMAB -GXLY, 10 MG		3/1/2022	
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG		1/1/2023	
J9274	INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM		1/1/2023	
J9295	INJECTION, NECITUMUMAB, 1 MG		4/1/2017	
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG		1/1/2023	
J9299	INJECTION, NIVOLUMAB, 1 MG		4/1/2017	
J9301	INJECTION, OBINUTUZUMAB, 10 MG		4/1/2017	
J9302	INJECTION, OFATUMUMAB, 10 MG		4/1/2017	
J9303	INJECTION, PANITUMUMAB, 10 MG		4/1/2017	
J9304	INJECTION, PEMETREXED (PEMFEXY), 10MG		8/28/2023	
J9305	INJECTION, PEMETREXED, NOS, 10MG		8/28/2023	
J9306	INJECTION, PERTUZUMAB, 1 MG		4/1/2017	
J9309	INJECTION, POLATUZUMAB VEDOTIN -PIIQ, 1 MG		1/1/2021	

Blue Medicare Advantage SM (HMO) Medical Oncology Program Prior Review Code List

*Prior approval is required for all drugs listed below regardless of the HCPCS code submitted on the claim. The requirement is based on the drug itself—not the code chosen to submit on the claim.

Code	Description	Notice Date	Effective Date	Ineffective Date
J9312	INJECTION, RITUXIMAB, 10 MG		1/1/2019	
J9313	INJECTION, MOXETUMOMAB PASUDOTOX -TDFK, 0.01 MG		1/1/2020	
J9314	INJECTION, PEMETREXED (TEVA), 10MG		8/28/2023	
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE -ZZXF, PER 10 MG		3/1/2022	
J9317	INJECTION, SACITUZUMAB GOVITECAN -HZIY, 2.5 MG		3/1/2022	
J9322	INJECTION, PEMETREXED (BLUEPOINT), 5, 10MG		8/28/2023	
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG		8/28/2023	
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS		1/1/2021	
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG		1/1/2023	
J9348	INJECTION, NAXITAMAB -GQGK, 1 MG		3/1/2022	
J9349	INJECTION, TAFASITAMAB -CXIX, 2 MG		3/1/2022	
J9351	INJECTION, TOPOTECAN, 0.1 MG		4/1/2017	
J9353	INJECTION, MARGETUXIMAB -CMKB, 5 MG		3/1/2022	
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG		4/1/2017	
J9358	INJECTION, FAM -TRASTUZUMAB DERUXTECAN -NXKI, 1 MG		1/1/2021	
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG		1/1/2023	
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION		4/1/2017	
Q5106	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (NON-ESRD USE), 1000 UNITS		1/1/2019	
S0353	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INITIAL TREATMENT		4/1/2017	
S0354	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER ESTABLISHED PATIENT WITH A CHANGE OF REGIMEN		4/1/2017	
<p>***Carelon Medical Benefits Management does NOT currently review drugs with unlisted, miscellaneous, or unclassified codes (codes listed below for Medicare Advantage (HMO) members) *** Please ALWAYS refer to other Medicare Advantage (HMO) Prior Approval Lists to review for other Prior Review Requirements</p>				
J3490	UNCLASSIFIED DRUGS			
J3590	UNCLASSIFIED BIOLOGICS			
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS			
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS			
[C CODES FOR FACILITY USE ONLY]				