

**SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO and Experience Health Medicare Advantages<sup>SM</sup> HMO Medical Coverage Policies for specific coverage criteria:**

**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
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- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.** [Prior authorization guidelines \(bluecrossnc.com\)](https://www.bluecrossnc.com/prior-authorization-guidelines)

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
15775	Punch graft for hair transplant; 1 to 15 punch grafts	HMO/PPO	HMO
15776	Punch graft for hair transplant; more than 15 punch grafts	HMO/PPO	HMO
15780	Dermabrasion; total face (e.g. for acne scarring, fine wrinkling, rhytids)	HMO/PPO	HMO
15781	Dermabrasion; segmental, face	HMO/PPO	HMO
15782	Dermabrasion; regional, other than face	HMO/PPO	HMO
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	HMO/PPO	HMO
15786	Abrasion; single lesion (eg, keratosis , scar)	HMO/PPO	HMO
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	HMO/PPO	HMO
15788	Chemical peel, facial; epidermal	HMO/PPO	HMO
15789	Chemical peel, facial; dermal	HMO/PPO	HMO
15792	Chemical peel, non-facial; epidermal	HMO/PPO	HMO

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15793	Chemical peel, non-facial; dermal	HMO/PPO	HMO
15819	Cervicoplasty	HMO/PPO	HMO
15820	Blepharoplasty, lower eyelid;	HMO/PPO	HMO
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	HMO/PPO	HMO
15822	Blepharoplasty, upper eyelid;	HMO/PPO	HMO
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	HMO/PPO	HMO
15824	Rhytidectomy; forehead	HMO/PPO	HMO
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	HMO/PPO	HMO
15826	Rhytidectomy; glabellar frown lines	HMO/PPO	HMO

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15828	Rhytidectomy; cheek, chin, and neck	HMO/PPO	HMO
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	HMO/PPO	HMO
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	HMO/PPO	HMO
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	HMO/PPO	HMO
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy) ; leg	HMO/PPO	HMO
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	HMO/PPO	HMO
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	HMO/PPO	HMO
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	HMO/PPO	HMO

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15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy) ; arm	HMO/PPO	HMO
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	HMO/PPO	HMO
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	HMO/PPO	HMO
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)	HMO/PPO	HMO
15876	Suction assisted lipectomy; head and neck	HMO/PPO	HMO
15877	Suction assisted lipectomy; trunk	HMO/PPO	HMO
15878	Suction assisted lipectomy; upper extremity	HMO/PPO	HMO
15879	Suction assisted lipectomy; lower extremity	HMO/PPO	HMO
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); Less than 10 sq cm	HMO/PPO	HMO

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17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique): 10.0 to 50 sq. cm.	HMO/PPO	HMO
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	HMO/PPO	HMO
17340	Cryotherapy (CO2 slush, liquid N2) for acne	HMO/PPO	HMO
17380	Electrolysis epilation, each 30 minutes	HMO/PPO	HMO
19318	Breast reduction	HMO/PPO	HMO
19325	Breast augmentation with implant	HMO	HMO
19328	Removal of intact breast implant	HMO/PPO	HMO
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	HMO/PPO	HMO
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	HMO/PPO	HMO
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	HMO/PPO	HMO

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19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	HMO/PPO	HMO
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)	HMO/PPO	HMO
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	HMO	HMO
20975	Electrical stimulation to aid bone healing; invasive (operative)	HMO	HMO
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	HMO	HMO
21050	Condylectomy, temporomandibular joint (separate procedure)	HMO	HMO
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	HMO	HMO
21070	Coronoidectomy (separate procedure)	HMO	HMO

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21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	HMO/PPO	HMO
21076	Impression and custom preparation; surgical obturator prosthesis	HMO	HMO
21077	Impression and custom preparation; orbital prosthesis	HMO	HMO
21079	Impression and custom preparation; interim obturator prosthesis	HMO	HMO
21080	Impression and custom preparation; definitive obturator prosthesis	HMO	HMO
21081	Impression and custom preparation; mandibular resection prosthesis	HMO	HMO
21082	Impression and custom preparation; palatal augmentation prosthesis	HMO	HMO
21083	Impression and custom preparation; palatal lift prosthesis	HMO	HMO
21084	Impression and custom preparation; speech aid prosthesis	HMO	HMO
21085	Impression and custom preparation; oral surgical splint	HMO	HMO
21086	Impression and custom preparation; auricular prosthesis	HMO	HMO

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21087	Impression and custom preparation; nasal prosthesis	HMO	HMO
21088	Impression and custom preparation; facial prosthesis	HMO	HMO
21110	Application of interdental fixation device for conditions other than fracture, includes removal	HMO	HMO
21116	Injection procedure for temporomandibular joint arthrography	HMO	HMO
21137	Reduction forehead; contouring only	HMO	HMO
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	HMO	HMO
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	HMO	HMO
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	HMO	HMO
21242	Arthroplasty, temporomandibular joint, with allograft	HMO	HMO
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	HMO	HMO



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21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	HMO	HMO
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	HMO	HMO
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	HMO	HMO
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	HMO	HMO
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	HMO	HMO
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	HMO	HMO
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	HMO	HMO
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	HMO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

**Note:** Unlisted or miscellaneous CPT/HCPCS codes should only be used if a more specific code has not been established

**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage <sup>SM</sup>HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	HMO	HMO
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	HMO	HMO
21275	Secondary revision of orbitocraniofacial reconstruction	HMO	HMO
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	HMO/PPO	HMO
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)	HMO/PPO	HMO
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	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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)	HMO/PPO	HMO
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral	Non-Covered by Original Medicare	Non-Covered by Original Medicare
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral	Non-Covered by Original Medicare	Non-Covered by Original Medicare

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	HMO	HMO
28360	Reconstruction, cleft foot	HMO	HMO
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	HMO	HMO
29804	Arthroscopy, temporomandibular joint, surgical	HMO	HMO
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	HMO/PPO	HMO
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Cosmetic**
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- **DME:**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
30420	Rhinoplasty, primary; including major septal repair	HMO/PPO	HMO
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	HMO/PPO	HMO
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	HMO/PPO	HMO
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	HMO/PPO	HMO
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	HMO	HMO
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	HMO/PPO	HMO
32851	Lung transplant, single; without cardiopulmonary bypass	HMO/PPO	HMO
32852	Lung transplant, single; with cardiopulmonary bypass	HMO/PPO	HMO
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	HMO/PPO	HMO
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)	HMO/PPO	HMO
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Inpatient**
- **DME:**
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  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	HMO/PPO	HMO
33940	Donor cardiectomy (including cold preservation)	HMO/PPO	HMO
33945	Heart transplant, with or without recipient cardiectomy	HMO/PPO	HMO
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	HMO/PPO	HMO
33976	Insertion of ventricular assist device; extracorporeal, biventricular	HMO/PPO	HMO
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	HMO/PPO	HMO
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	HMO/PPO	HMO
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	HMO/PPO	HMO
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	HMO/PPO	HMO
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)	HMO/PPO	HMO
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	HMO/PPO	HMO



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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	HMO/PPO	HMO
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	HMO/PPO	HMO
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	HMO/PPO	HMO
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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)	HMO/PPO	HMO
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	HMO/PPO	HMO
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)	HMO/PPO	HMO
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	HMO/PPO	HMO
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)	HMO/PPO	HMO

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- **Cosmetic**
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- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *SM*HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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)	HMO/PPO	HMO
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	HMO/PPO	HMO
37718	Ligation, division, and stripping, short saphenous vein	HMO/PPO	HMO
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	HMO/PPO	HMO

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**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	HMO/PPO	HMO
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	HMO/PPO	HMO
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	HMO/PPO	HMO
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	HMO/PPO	HMO
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	HMO/PPO	HMO
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	HMO/PPO	HMO
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	HMO/PPO	HMO
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	HMO/PPO	HMO
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	HMO/PPO	HMO
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	HMO/PPO	HMO
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	HMO/PPO	HMO
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	HMO/PPO	HMO
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	HMO/PPO	HMO
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	HMO/PPO	HMO
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	HMO/PPO	HMO

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	HMO/PPO	HMO
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	HMO/PPO	HMO
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	HMO/PPO	HMO
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	HMO/PPO	HMO

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
38230	Bone marrow harvesting for transplantation; allogeneic	HMO/PPO	HMO
38232	Bone marrow harvesting for transplantation; autologous	HMO/PPO	HMO
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	HMO/PPO	HMO
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	HMO/PPO	HMO
38242	Allogeneic lymphocyte infusions	HMO/PPO	HMO
41512	Tongue base suspension, permanent suture technique	HMO/PPO	HMO
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	HMO	HMO
41806	Removal of embedded foreign body from dentoalveolar structures; bone	HMO	HMO
41820	Gingivectomy, excision gingiva, each quadrant	HMO	HMO
41821	Operculectomy, excision pericoronal tissues	HMO	HMO
41822	Excision of fibrous tuberosities, dentoalveolar structures	HMO	HMO



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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
41823	Excision of osseous tuberosities, dentoalveolar structures	HMO	HMO
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	HMO	HMO
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	HMO	HMO
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	HMO	HMO
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	HMO	HMO
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	HMO	HMO
41850	Destruction of lesion (except excision), dentoalveolar structures	HMO	HMO
41870	Periodontal mucosal grafting	HMO	HMO
41872	Gingivoplasty, each quadrant (specify)	HMO	HMO
41874	Alveoloplasty , each quadrant (specify)	HMO	HMO

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<b>Codes</b>	<b>Description</b>	<b>Blue Medicare Advantage</b>	<b>Experience Health Medicare Advantage</b>
42120	Resection of palate or extensive resection of lesion	HMO/PPO	HMO
42140	Uvulectomy, excision of uvula	HMO/PPO	HMO
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	HMO/PPO	HMO
42280	Maxillary impression for palatal prosthesis	HMO	HMO
42281	Insertion of pin-retained palatal prosthesis	HMO	HMO

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	HMO/PPO	HMO
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux- en-Y gastroenterostomy (roux limb 150 cm or less)	HMO/PPO	HMO
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	HMO/PPO	HMO
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)	HMO/PPO	HMO
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	HMO/PPO	HMO
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	HMO/PPO	HMO
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	HMO/PPO	HMO
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	HMO/PPO	HMO

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	HMO/PPO	HMO
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical- banded gastroplasty	NON-COVERED BY ORIGINAL MEDICARE	NON-COVERED BY ORIGINAL MEDICARE
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)	HMO/PPO	HMO
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	HMO/PPO	HMO
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	HMO/PPO	HMO
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	HMO/PPO	HMO

**SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO and Experience Health Medicare Advantages<sup>SM</sup> HMO Medical Coverage Policies for specific coverage criteria:**

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

**Note:** Unlisted or miscellaneous CPT/HCPCS codes should only be used if a more specific code has not been established

**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage <sup>SM</sup>HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	HMO/PPO	HMO
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	HMO/PPO	HMO
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	HMO/PPO	HMO
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	HMO/PPO	HMO
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	HMO/PPO	HMO
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	HMO/PPO	HMO
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	HMO/PPO	HMO

**SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO and Experience Health Medicare Advantages<sup>SM</sup> HMO Medical Coverage Policies for specific coverage criteria:**

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
44135	Intestinal allotransplantation; from cadaver donor	HMO/PPO	HMO
44136	Intestinal allotransplantation; from living donor	HMO/PPO	HMO
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	HMO/PPO	HMO
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	HMO/PPO	HMO
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	HMO/PPO	HMO
47133	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	HMO/PPO	HMO
47135	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	HMO/PPO	HMO
47140	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME Rental and purchase >\$1,200 DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
47141	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	HMO/PPO	HMO
47142	Donor hepatectomy (including cold preservation), from living	HMO/PPO	HMO
47143	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	HMO/PPO	HMO
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])	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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<b>Codes</b>	<b>Description</b>	<b>Blue Medicare Advantage</b>	<b>Experience Health Medicare Advantage</b>
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation	HMO/PPO	HMO
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	HMO/PPO	HMO
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	HMO/PPO	HMO
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	HMO/PPO	HMO
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	HMO/PPO	HMO



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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Inpatient**
- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	HMO/PPO	HMO
48554	Transplantation of pancreatic allograft	HMO/PPO	HMO
48556	Removal of transplanted pancreatic allograft	HMO/PPO	HMO
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	HMO/PPO	HMO
50320	Donor nephrectomy (including cold preservation); open, from living donor	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Cosmetic**
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- **Inpatient**
- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and	HMO/PPO	HMO
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	HMO/PPO	HMO
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Cosmetic**
- **Investigational/Experimental**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	HMO/PPO	HMO
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	HMO/PPO	HMO
50340	Recipient nephrectomy (separate procedure)	HMO/PPO	HMO
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	HMO/PPO	HMO
50370	Removal of transplanted renal allograft	HMO/PPO	HMO
50380	Renal autotransplantation, reimplantation of kidney	HMO/PPO	HMO
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	HMO/PPO	HMO
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	HMO	HMO
54360	Plastic operation on penis to correct angulation	HMO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	HMO/PPO	HMO
54401	Insertion of penile prosthesis; inflatable (self-contained)	HMO/PPO	HMO
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	HMO/PPO	HMO
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
54660	Insertion of testicular prosthesis (separate procedure)	HMO	HMO
55175	Scrotoplasty; simple		
55180	Scrotoplasty; complicated		
57291	Construction of artificial vagina; without graft	HMO	HMO
57292	Construction of artificial vagina; with graft	HMO	HMO
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	HMO	HMO

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- **Cosmetic**
- **Investigational/Experimental**
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- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
57426	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	HMO	HMO
58750	Tubotubal anastomosis	HMO	HMO
58770	Salpingostomy (salpingoneostomy)	HMO	HMO
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	HMO/PPO	HMO
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	HMO/PPO	HMO
63650	Percutaneous implantation of neurostimulator electrode array, epidural	HMO/PPO	HMO
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	HMO/PPO	HMO
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	HMO/PPO	HMO

**SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO and Experience Health Medicare Advantages<sup>SM</sup> HMO Medical Coverage Policies for specific coverage criteria:**

**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

**Note:** Unlisted or miscellaneous CPT/HCPCS codes should only be used if a more specific code has not been established

**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *SM*HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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)	HMO/PPO	HMO
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)	HMO/PPO	HMO
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	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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)	HMO/PPO	HMO
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)	HMO/PPO	HMO
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	HMO/PPO	HMO
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)	HMO/PPO	HMO



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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	HMO/PPO	HMO
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)	HMO/PPO	HMO
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	HMO/PPO	HMO
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	HMO/PPO	HMO
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	HMO/PPO	HMO
64568	Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Cosmetic**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
64569	Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	HMO/PPO	HMO
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	HMO/PPO	HMO
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	HMO/PPO	HMO
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	HMO/PPO	HMO
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	HMO/PPO	HMO
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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- **Prosthetic Devices (including artificial limbs and components)**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *sm*HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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)	HMO/PPO	HMO
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	HMO/PPO	HMO
65771	Radial Keratotomy	HMO	HMO
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	HMO/PPO	HMO
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	HMO/PPO	HMO
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	HMO/PPO	HMO
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	HMO/PPO	HMO
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	HMO/PPO	HMO
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)	HMO/PPO	HMO
67909	Reduction of overcorrection of ptosis	HMO/PPO	HMO
67911	Correction of lid retraction	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
67950	Canthoplasty (reconstruction of canthus)	HMO/PPO	HMO
70300	Radiologic examination, teeth; single view	HMO	HMO
70310	Radiologic examination, teeth; partial examination, less than full mouth	HMO	HMO
70320	Radiologic examination, teeth; complete, full mouth	HMO	HMO
70350	Cephalogram, orthodontic	HMO	HMO
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	HMO/PPO	HMO
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	HMO/PPO	HMO
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)	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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)	HMO/PPO	HMO
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	HMO/PPO	HMO
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	HMO/PPO	HMO
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	HMO/PPO	HMO
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	HMO/PPO	HMO
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)	HMO/PPO	HMO
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)	HMO/PPO	HMO
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

**Note:** Unlisted or miscellaneous CPT/HCPCS codes should only be used if a more specific code has not been established

**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *sm*HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO



**SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO and Experience Health Medicare Advantages<sup>SM</sup> HMO Medical Coverage Policies for specific coverage criteria:**

**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage <sup>SM</sup>HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
81479	Unlisted molecular pathology procedure	HMO/PPO	HMO
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	HMO/PPO	HMO
88291	Cytogenetics and molecular cytogenetics, interpretation and report	HMO/PPO	HMO
86367	Stem cells (ie, CD34), total count	HMO	HMO
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery, and management	HMO/PPO	HMO
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	HMO/PPO	HMO

**SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO and Experience Health Medicare Advantages<sup>SM</sup> HMO Medical Coverage Policies for specific coverage criteria:**

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment ; subsequent motor threshold re-determination with delivery and management	HMO/PPO	HMO
90870	Electroconvulsive therapy (includes necessary monitoring)	HMO/PPO	HMO
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	HMO/PPO	HMO
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)	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO	HMO
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	HMO/PPO	HMO
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	HMO/PPO	HMO
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	HMO/PPO	HMO
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)	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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)	HMO/PPO	HMO
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)	HMO/PPO	HMO
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	PPO/HMO	HMO
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	PPO/HMO	HMO
S0215	Nonemergency transportation; mileage, per mile	HMO/PPO	HMO
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	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	HMO/PPO	HMO
S5518	Home infusion therapy, all supplies necessary for catheter repair	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage <sup>SM</sup>HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	HMO/PPO	HMO
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	HMO/PPO	HMO
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	HMO/PPO	HMO
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Cosmetic**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO



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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *SM*HMO.

Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

**PLEASE REVIEW THE PRIOR AUTHORIZATION GUIDELINE LIST FOR ALL OF THE SERVICES REQUIRING PRIOR APPROVAL.**

**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

**The following codes require prior authorization when they are associated with Gender Affirmation service requests: 19303, 53420, 53425, 53430, 54125, 54520, 54690, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720**

**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
  - **All Rental**
  - **Purchase >\$1,200**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**
- **Aduhelm, Leqembi**

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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *SM*HMO.

<b>Codes</b>	<b>Description</b>	<b>Blue Medicare Advantage</b>	<b>Experience Health Medicare Advantage</b>
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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**NOTE: THE FOLLOWING CODES ARE BEING NOTICED 10/1/2024 AND WILL REQUIRE PRIOR AUTHORIZATION EFFECTIVE 1/1/25:**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

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- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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  - **Purchase >\$1,200**
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- **Non Urgent Ambulance Transport**
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**Unlisted/miscellaneous CPT and HCPC's codes require prior approval**

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**HCPCS codes beginning with "S"** (Temporary National Codes Non-Medicare), other than those listed, will not be considered for coverage by Blue Medicare HMO/PPO and Experience Health Medicare Advantage *sm*HMO.

<b>Codes</b>	<b>Description</b>	<b>Blue Medicare Advantage</b>	<b>Experience Health Medicare Advantage</b>
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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**Laboratory/Genetic Testing: 81162, 81226, 81263, 81292, 81295, 81298, 81317, 81406, 81407, 81408, 81432, 81445, 81450, 81455, 81479, 81542, 88291**

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**The following codes require prior authorization when the request is for substance abuse diagnosis: 90837, G0129, G0176, G0177, G0410, G0411.**

**See the Prior Approval List for specific services related to (not an inclusive list):**

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME:**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO
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	HMO/PPO	HMO

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- **Inpatient**
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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	HMO/PPO	HMO
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	HMO/PPO	HMO
S9976	Lodging, per diem, not otherwise classified	HMO/PPO	HMO
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	HMO/PPO	HMO
0665T	Donor hysterectomy (including cold preservation); open, from living donor	HMO/PPO	HMO
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	HMO/PPO	HMO
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	HMO/PPO	HMO

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- **Cosmetic**
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Codes	Description	Blue Medicare Advantage	Experience Health Medicare Advantage
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	HMO/PPO	HMO
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	HMO/PPO	HMO
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	HMO/PPO	HMO
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)	HMO/PPO	HMO
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	HMO/PPO	HMO