

Fully-Insured Prior Authorization List Changes

As of April 1, 2023, the list of services that require Prior Authorization (PA) for our fully-insured business will be changing. Please refer to the attached list for codes, requirements, and lines of business. Please note that the PA list for self-funded groups will remain the same for 2023 (unless we notify you in advance). For questions, please call customer service. Please submit your request through Availity to determine if PA is required.

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Devices/Equipment							
Advanced Hearing Aids							
Auditory Brainstem Implant	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	PA Required	PA Required	PA Required	PA Required	PA Required
Auditory Brainstem Implant	92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	PA Required	PA Required	PA Required	PA Required	PA Required
Auditory Brainstem Implant	S2235	Implantation of auditory brain stem implant	PA Required	PA Required	PA Required	PA Required	PA Required
Cochlear Implant	L8614	Cochlear device, includes all internal and external components	PA Required	PA Required	PA Required	PA Required	PA Required
Cochlear Implant	66930	Cochlear device implantation, with or without mastoidectomy	PA Required	PA Required	PA Required	PA Required	PA Required
Cochlear Implant	L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	PA Required	PA Required	PA Required	PA Required	PA Required
Implantable Bone Conduction Hearing Aids	L8690	Auditory osseointegrated device, includes all internal and external components	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Implantable Bone Conduction Hearing Aids	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	PA Required	PA Required	PA Required	PA Required	PA Required
Implantable Bone Conduction Hearing Aids	L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Growth Stimulators							
Bone Growth Stimulation, Electrical, Adjunct to Spinal Fusion	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Growth Stimulation, Electrical, Adjunct to Spinal Fusion	E0748	Osteogenesis stimulator, electrical, non invasive, spinal applications	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Growth Stimulation, Electrical, Appendicular Skeleton	E0747	Osteogenesis stimulator, electrical, non invasive, other than spinal applications	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Growth Stimulation, Ultrasonic	20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Growth Stimulation, Ultrasonic	E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	PA Required	PA Required	PA Required	PA Required	PA Required
Cardiac Devices							
Cardioverter Defibrillator; Implantable, Subcutaneous, and Wearable Cardioverter Defibrillator	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cardioverter Defibrillator; Implantable, Subcutaneous, and Wearable Cardioverter Defibrillator	K0608	Replacement garment for use with automated external defibrillator, each	PA Required	PA Required	PA Required	PA Required	PA Required
Cardioverter Defibrillator; Implantable, Subcutaneous, and Wearable Cardioverter Defibrillator	K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	PA Required	PA Required	PA Required	PA Required	PA Required
Diabetic Services							
Continuous Glucose Monitor	A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	PA Required	PA Required	PA Required	PA Required	PA Required
Continuous Glucose Monitor	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	PA Required	PA Required	PA Required	PA Required	PA Required
Continuous Glucose Monitor	A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	PA Required	PA Required	PA Required	PA Required	PA Required
Continuous Glucose Monitor	A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	PA Required	PA Required	PA Required	PA Required	PA Required
Continuous Glucose Monitor	E2102	Adjunctive continuous glucose monitor or receiver	PA Required	PA Required	PA Required	PA Required	PA Required
Continuous Glucose Monitor	K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Continuous Glucose Monitor	K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	PA Required	PA Required	PA Required	PA Required	PA Required
External Insulin Pumps	A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	PA Required	PA Required	No PA Required	No PA Required	PA Required
External Insulin Pumps	E0784	External ambulatory infusion pump, insulin	PA Required	PA Required	No PA Required	No PA Required	PA Required
External Insulin Pumps	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	PA Required	PA Required	No PA Required	No PA Required	PA Required
Infusion Pumps							
External Infusion Pumps	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	PA Required	PA Required	PA Required	PA Required	PA Required
External Infusion Pumps	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	PA Required	PA Required	PA Required	PA Required	PA Required
External Infusion Pumps	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	PA Required	PA Required	PA Required	PA Required	PA Required
External Infusion Pumps	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	PA Required	PA Required	No PA Required	No PA Required	PA Required
External Infusion Pumps	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
External Infusion Pumps	K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	PA Required	PA Required	PA Required	PA Required	PA Required
External Infusion Pumps	B9002	Enteral nutrition infusion pump, any type	PA Required	PA Required	PA Required	PA Required	PA Required
Implantable Infusion Pumps	E0785	Implantable intraspinal (epidural/ intrathecal) catheter used with implantable infusion pump, replacement	PA Required	PA Required	PA Required	PA Required	PA Required
Mobility Devices							
Manual Wheelchair Bases	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required

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Manual Wheelchair Bases	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	K0007	EXTRA HEAVY DUTY WHEELCHAIR	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	K0008	CUSTOM MANUAL WHEELCHAIR/ BASE	PA Required	PA Required	PA Required	PA Required	PA Required
Manual Wheelchair Bases	K0009	OTHER MANUAL WHEELCHAIR/ BASE	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/ SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

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Power Wheelchairs	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

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Power Wheelchairs	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

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Power Wheelchairs	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	PA Required	PA Required	PA Required	PA Required	PA Required

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Power Wheelchairs	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Power Wheelchairs	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

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Power Wheelchairs	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

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Power Wheelchairs	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/ BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Power Wheelchairs	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Scooters	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required
Scooters	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	PA Required	PA Required	PA Required	PA Required	PA Required

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Neuromuscular Stimulation, Functional	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	PA Required	PA Required	PA Required	PA Required	PA Required
Neuromuscular Stimulation, Functional	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	PA Required	PA Required	PA Required	PA Required	PA Required
Vagus Nerve Stimulation	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	PA Required	PA Required	PA Required	PA Required	PA Required
Vagus Nerve Stimulation	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	PA Required	PA Required	PA Required	PA Required	PA Required
Vagus Nerve Stimulation	61888	Revision or removal of cranial neurostimulator pulse generator or receiver	PA Required	PA Required	PA Required	PA Required	PA Required
Vagus Nerve Stimulation	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	PA Required	PA Required	PA Required	PA Required	PA Required
Vagus Nerve Stimulation	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Vagus Nerve Stimulation	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	PA Required	PA Required	PA Required	PA Required	PA Required
Vagus Nerve Stimulation	K1020	Non-invasive vagus nerve stimulator	PA Required	PA Required	PA Required	PA Required	PA Required
Pressure Relieving Support Surfaces							
Pressure-Relieving Bed, Advanced	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	PA Required	PA Required	PA Required	PA Required	PA Required
Pressure-Relieving Bed, Advanced	E0194	AIR FLUIDIZED BED	PA Required	PA Required	PA Required	PA Required	PA Required
Pressure-Relieving Support Surface, Advanced	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Pressure-Relieving Support Surface, Advanced	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	PA Required	PA Required	PA Required	PA Required	PA Required
Pressure-Relieving Support Surface, Advanced	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	PA Required	PA Required	PA Required	PA Required	PA Required
Pressure-Relieving Support Surface, Advanced	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Prosthetics							
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	PA Required	PA Required	PA Required	PA Required	PA Required

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Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5840	ADDITION, ENDOSKELETAL KNEE/ SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/ EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	PA Required	PA Required	PA Required	PA Required	PA Required
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb	L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L7007	Electric hand, switch or myoelectric controlled, adult	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L7008	Electric hand, switch or myoelectric, controlled, pediatric	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L7009	Electric hook, switch or myoelectric controlled, adult	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L7045	Electric hook, switch or myoelectric controlled, pediatric	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	PA Required	PA Required	PA Required	PA Required	PA Required
Myoelectric Prosthetic and Orthotic Components for the Upper Limb	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Obstructive Sleep Apnea							
Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	E0466	Home ventilator, any type, used with non invasive interface, (e.g., mask, chest shell)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	E0467	Home ventilator, multi function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	PA Required	PA Required	PA Required	PA Required	PA Required
Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	E0471	Respiratory assist device, bi level pressure capability, with back up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	PA Required	PA Required	PA Required	PA Required	PA Required
Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	E0470	Respiratory assist device, bi level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	PA Required	PA Required	PA Required	PA Required	PA Required
Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease	E0601	Continuous positive airway pressure (cpap) device	PA Required	PA Required	PA Required	PA Required	PA Required
Oral Appliances (Mandibular Advancement Devices)	21085	Impression and custom preparation; oral surgical splint	PA Required	PA Required	PA Required	PA Required	PA Required
Oral Appliances (Mandibular Advancement Devices)	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Oral Appliances (Mandibular Advancement Devices)	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	PA Required	PA Required	PA Required	PA Required	PA Required
Sleep Apnea and Other Pulmonary Diseases, Ventilation Support and Respiratory Assist Devices	K1028	Power source and control electronics unit for oral device/ appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	PA Required	PA Required	PA Required	PA Required	PA Required
Sleep Apnea and Other Pulmonary Diseases, Ventilation Support and Respiratory Assist Devices	K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	PA Required	PA Required	PA Required	PA Required	PA Required
Sleep Apnea, Minimally Invasive Surgical Treatment	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	PA Required	PA Required	PA Required	PA Required	PA Required
Uvulopalatopharyngoplasty (UPPP)	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	PA Required	PA Required	PA Required	PA Required	PA Required
Other Devices/Equipment							
Commode with Seat Lift (Electric)	E0170	Commode chair with integrated seat lift mechanism, electric, any type	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Continuous Passive Motion Device In the Home Setting	E0935	Continuous passive motion exercise device for use on knee only	PA Required	PA Required	PA Required	PA Required	PA Required
Continuous Passive Motion Device In the Home Setting	E0936	Continuous passive motion exercise device for use other than knee	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Enteral Nutrition	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/ or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/ or iron, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Enteral Nutrition	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Enteral Nutrition	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
High Frequency Chest Wall Compression Devices	A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	PA Required	PA Required	PA Required	PA Required	PA Required
High Frequency Chest Wall Compression Devices	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Hospital Beds (Semi-Electric or Total Electric)	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Hospital Beds (Semi-Electric or Total Electric)	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Hospital Beds (Semi-Electric or Total Electric)	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	PA Required	PA Required	PA Required	PA Required	PA Required
Patient Lifts	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Patient Lifts	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	PA Required	PA Required	PA Required	PA Required	PA Required
Patient Lifts	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	PA Required	PA Required	PA Required	PA Required	PA Required
Pediatric Gait Trainer	E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	PA Required	PA Required	PA Required	PA Required	PA Required
Pediatric Gait Trainer	E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	PA Required	PA Required	PA Required	PA Required	PA Required
Pediatric Gait Trainer	E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	PA Required	PA Required	PA Required	PA Required	PA Required
Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers	E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	PA Required	PA Required	PA Required	PA Required	PA Required
Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers	E0675	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency (unilateral or bilateral system)	PA Required	PA Required	PA Required	PA Required	PA Required
Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	PA Required	PA Required	PA Required	PA Required	PA Required
Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)	E2402	Negative pressure wound therapy electrical pump, stationary or portable	PA Required	PA Required	PA Required	PA Required	PA Required
Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)	97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	PA Required	PA Required	PA Required	PA Required	PA Required
Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)	97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	PA Required	PA Required	PA Required	PA Required	PA Required
Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)	97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	PA Required	PA Required	PA Required	PA Required	PA Required
Behavioral Health							

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Autism Services (Applied Behavioral Analysis)	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face to face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non face to face analyzing past data, scoring/ interpreting the assessment, and preparing the report/treatment plan	PA Required	PA Required	PA Required	PA Required	PA Required
Autism Services (Applied Behavioral Analysis)	97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face to face with the patient, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Autism Services (Applied Behavioral Analysis)	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face to face with one patient, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Autism Services (Applied Behavioral Analysis)	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face to face with two or more patients, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Autism Services (Applied Behavioral Analysis)	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face to face with one patient, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Autism Services (Applied Behavioral Analysis)	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face to face with guardian(s)/caregiver(s), each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Autism Services (Applied Behavioral Analysis)	97157	Multiple family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face to face with multiple sets of guardians/caregivers, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Autism Services (Applied Behavioral Analysis)	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face to face with multiple patients, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Autism Services (Applied Behavioral Analysis)	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	PA Required	PA Required	PA Required	PA Required	PA Required
Inpatient MH Hospitalization		No specific codes	PA Required	PA Required	PA Required	PA Required	PA Required
Inpatient SUD		No specific codes	PA Required	PA Required	PA Required	PA Required	PA Required
Residential Treatment		No specific codes	PA Required	PA Required	PA Required	PA Required	PA Required
Repetitive Transcranial Magnetic Stimulation (rTMS)	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	PA Required	PA Required	PA Required	PA Required	PA Required
Repetitive Transcranial Magnetic Stimulation (rTMS)	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Repetitive Transcranial Magnetic Stimulation (rTMS)	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing							
Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental	81228	Cytogenomic constitutional (genome-hyphenwide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-hyphenbased comparative genomic hybridization [CGH] microarray analysis)	PA Required	PA Required	PA Required	PA Required	PA Required
Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental	81229	Cytogenomic constitutional (genome-hyphenwide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	PA Required	PA Required	PA Required	PA Required	PA Required
Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental	81277	Cytogenomic neoplasia (genome-hyphenwide) microarray analysis, interrogation of genomic regions for copy number and loss-hyphenof-hyphenheterozygosity variants for chromosomal abnormalities	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental	81349	Cytogenomic (genome-hyphenwide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-hyphenof-hyphenheterozygosity variants, low-hyphenpass sequencing analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental	S3870	Comparative genomic hybridization (CGD) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81403	Molecular Pathology Procedure Level 4	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81404	Molecular Pathology Procedure Level 5	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81405	Molecular Pathology Procedure Level 6	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81406	Molecular Pathology Procedure Level 7	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81407	Molecular Pathology Procedure Level 8	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81408	Molecular Pathology Procedure Level 9	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Hereditary Cardiac Disease	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Hereditary Cardiac Disease	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, and arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (e.g., DSG2, MYBPC3, MYH7, PKP2, and TTN)	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Single-Gene and Multifactorial Conditions	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	81595	(AlloMap) Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	0268U	(Versiti™ aHUS Genetic Evaluation) Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Single-Gene and Multifactorial Conditions	0269U	(Versiti™ Autosomal Dominant Thrombocytopenia Panel) Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	0271U	(Versiti™ Congenital Neutropenia Panel) Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	0273U	(Versiti™ Fibrinolytic Disorder Panel) Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	0274U	(Versiti™ Comprehensive Platelet Disorder Panel) Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Single-Gene and Multifactorial Conditions	0276U	(Versiti™ Inherited Thrombocytopenia Panel) Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Single-Gene and Multifactorial Conditions	0277U	(Versiti™ Platelet Function Disorder Panel) Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis 81164 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence 81308 PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81317	PMS2 (post meiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81318	PMS2 (post meiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81319	PMS2 (post meiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis 81322 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	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	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH 81437 Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	PA Required	PA Required	PA Required	PA Required	PA Required
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Genetic Testing for Susceptibility to Hereditary Cancer Susceptibility	0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	PA Required	PA Required	PA Required	PA Required	PA Required
		ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
		ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative 81208 BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q) 81236 EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18) 81273 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/ kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/ retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/ retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81479	SelectMDx 81518 Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score 0018U Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or nondetection of FLT3 mutation and indication for or against the use of midostaurin	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (“Positive, high probability of malignancy” or “Negative, low probability of malignancy”)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative 0046U FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative 0049U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin embedded breast tumor tissue, reported as PIK3CA gene mutation status	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin[1]embedded tissue, algorithm quantifying tumor genomic instability score	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	PA Required	PA Required	PA Required	PA Required	PA Required
Molecular Testing of Solid and Hematologic Tumors and Malignancies	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Pharmacogenomic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	PA Required	PA Required	PA Required	PA Required	PA Required
Pharmacogenomic Testing	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Pharmacogenomic Testing	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	PA Required	PA Required	PA Required	PA Required	PA Required
Pharmacogenomic Testing	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	PA Required	PA Required	PA Required	PA Required	PA Required
Pharmacogenomic Testing	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	PA Required	PA Required	PA Required	PA Required	PA Required
Pharmacogenomic Testing	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81479	SensiGene 81507 Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	PA Required	PA Required	PA Required	PA Required	PA Required
Testing for Reproductive Carrier Screening and Prenatal Diagnosis	81403	SensiGene 81507 Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	PA Required	PA Required	PA Required	PA Required	PA Required
Chromosomal Microassay Analysis, Whole Exome and Whole Genome Sequencing	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (e.g., Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	PA Required	PA Required	PA Required	PA Required	PA Required
Chromosomal Microassay Analysis, Whole Exome and Whole Genome Sequencing	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	PA Required	PA Required	PA Required	PA Required	PA Required
Chromosomal Microassay Analysis, Whole Exome and Whole Genome Sequencing	81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Chromosomal Microassay Analysis, Whole Exome and Whole Genome Sequencing	81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Chromosomal Microassay Analysis, Whole Exome and Whole Genome Sequencing	81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)	PA Required	PA Required	PA Required	PA Required	PA Required
Drugs							
5-Ht3 Receptor Antagonists	J2469	Injection, palonosetron hcl, 25 mcg	PA Required	PA Required	PA Required	PA Required	PA Required
5-Ht3 Receptor Antagonists	J1627	Injection, granisetron, extended-release, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Agents for Gaucher Disease	J1786	Injection, imiglucerase, 10 units	PA Required	PA Required	PA Required	PA Required	PA Required
Agents for Gaucher Disease	J3060	Injection, taliglucerase alfa, 10 units	PA Required	PA Required	PA Required	PA Required	PA Required
Agents for Gaucher Disease	J3385	Injection, velaglucerase alfa, 100 units	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Agents for Sickle Cell Anemia	J0791	Injection, crizanlizumab-tmca, 5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required

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Alpha-Proteinase Inhibitor (Human)	J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Alpha-Proteinase Inhibitor (Human)	J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
ALS Agents	J1301	Injection, edaravone, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Aminolevulinate Synthase 1-Directed Sirna	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	PA Required	PA Required	PA Required	PA Required	PA Required
Aminolevulinate Synthase 1-Directed Sirna	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	PA Required	PA Required	PA Required	PA Required	PA Required
Aminolevulinate Synthase 1-Directed Sirna	J0223	Injection, givosiran, 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Aminolevulinate Synthase 1-Directed Sirna	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Androgens	J3145	Injection, testosterone undecanoate, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Androgens	J1071	Injection, testosterone cypionate, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Androgens	S0189	Testosterone pellets	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Anti-asthmatic - Monoclonal Antibodies	J2786	Injection, reslizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Anti-asthmatic - Monoclonal Antibodies	J0517	Injection, benralizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Anti-asthmatic - Monoclonal Antibodies	J2182	Injection, mepolizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Anti-asthmatic - Monoclonal Antibodies	J2357	Injection, omalizumab, 5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Antiemetics - Miscellaneous	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7175	Injection, factor x, (human), 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7205	Injection, factor viii fc fusion protein (recombinant), per iu	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7204	Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7170	Injection, emicizumab-kxwh, 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required

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Antihemophilic Products	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucL, (jivi), 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7190	Factor viii (antihemophilic factor, human) per i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7194	Factor ix, complex, per i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	PA Required	PA Required	PA Required	PA Required	PA Required
Antihemophilic Products	J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Antineoplastics and adjunctive therapies	J9299	Injection, nivolumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Antipsoriatics	J3245	Injection, tildrakizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Antipsoriatics	J3358	Ustekinumab, for intravenous injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Anti-tnf-alpha - monoclonal antibodies	J1602	Injection, golimumab, 1 mg, for intravenous use	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Bone density regulators	J3111	Injection, romosozumab-aqqg, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Bone density regulators	J0897	Injection, denosumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Bone density regulators	J0897	Injection, denosumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Complement inhibitors	J1300	Injection, eculizumab, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Complement inhibitors	J1303	Injection, ravulizumab-cwvz, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Corticotropin	J0800	Injection, corticotropin, up to 40 units	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Enzymes	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
			PA Required	PA Required	PA Required	PA Required	PA Required
Gout agents	J2507	Injection, pegloticase, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematological agents	J1744	Injection, icatibant, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic agents	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J1447	Injection, tbo-filgrastim, 1 microgram	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J2820	Injection, sargramostim (gm-csf), 50 mcg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J2505	Injection, pegfilgrastim, 6 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	J2796	Injection, romiplostim, 10 micrograms	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Hematopoietic growth factors	J0896	Injection, luspatercept-aamt, 0.25 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	PA Required	PA Required	PA Required	PA Required	PA Required
Hematopoietic growth factors	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1556	Injection, immune globulin (bivigam), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1555	Injection, immune globulin (cuvitru), 100 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1460	Injection, gamma globulin, intramuscular, 1 cc	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Immune serums	J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1559	Injection, immune globulin (hizentra), 100 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Immune serums	J1558	Injection, immune globulin (xembify), 100 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Immunosuppressive agents	J9210	Injection, emapalumab-lzsg, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Inflammatory bowel agents	Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Inflammatory bowel agents	J0717	Injection, certolizumab pegol, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Inflammatory bowel agents	J3380	Injection, vedolizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Inflammatory bowel agents	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Inflammatory bowel agents	J1745	Injection, infliximab, excludes biosimilar, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Inflammatory bowel agents	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Insulin-like growth factor receptor inhibitors	J3241	Injection, teprotumumab-trbw, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Interleukin-6 receptor inhibitors	J3262	Injection, tocilizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Iron	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Iron	J1439	Injection, ferric carboxymaltose, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Iron	J1437	Injection, ferric derisomaltose, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Iron	J1756	Injection, iron sucrose, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J1931	Injection, laronidase, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J0584	Injection, burosumab-twza 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J1743	Injection, idursulfase, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J0180	Injection, agalsidase beta, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J2840	Injection, sebelipase alfa, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J3397	Injection, vestronidase alfa-vjvk, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Metabolic modifiers	J1458	Injection, galsulfase, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J0606	Injection, etelcalcetide, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Metabolic modifiers	J1322	Injection, elosulfase alfa, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Migraine products - monoclonal antibodies	J3032	Injection, eptinezumab-jjmr, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Multiple sclerosis agents	J0202	Injection, alemtuzumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Multiple sclerosis agents	J2350	Injection, ocrelizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Multiple sclerosis agents	J2323	Injection, natalizumab, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Neuromuscular agents	J1428	Injection, eteplirsen, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Neuromuscular agents	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Neuromuscular blocking agent - neurotoxins	J0585	Injection, onabotulinumtoxina, 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
Neuromuscular blocking agent - neurotoxins	J0586	Injection, abobotulinumtoxina, 5 units	PA Required	PA Required	PA Required	PA Required	PA Required
Neuromuscular blocking agent - neurotoxins	J0587	Injection, rimabotulinumtoxinb, 100 units	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Neuromuscular blocking agent - neurotoxins	J0588	Injection, incobotulinumtoxin a, 1 unit	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Ophthalmic - angiogenesis inhibitors	J0179	Injection, brolocizumab-dbl, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Ophthalmic - angiogenesis inhibitors	J2778	Injection, ranibizumab, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Ophthalmic - angiogenesis inhibitors	J2503	Injection, pegaptanib sodium, 0.3 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Ophthalmic gene therapy	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Opioid antagonists	J2315	Injection, naltrexone, depot form, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Opioid partial agonists	J0570	Buprenorphine implant, 74.2 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Passive immunizing agents - combinations	J1575	Injection, immune globulin/ hyaluronidase, (hyqvia), 100 mg immunoglobulin	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Plasma kallikrein inhibitors	J1290	Injection, ecallantide, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
			PA Required	PA Required	PA Required	PA Required	PA Required
Progestins	J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Prostaglandin vasodilators	J1325	Injection, epoprostenol, 0.5 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Prostaglandin vasodilators	J3285	Injection, treprostinil, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Selective costimulation modulators	J0129	Injection, abatacept, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Somatostatic agents	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	PA Required	PA Required	PA Required	PA Required	PA Required
Somatostatic agents	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Somatostatic agents	J2502	Injection, pasireotide long acting, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Somatostatic agents	J1930	Injection, lanreotide, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Spinal muscular atrophy agents (sma)	J2326	Injection, nusinersen, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Stem cell mobilizers	J2562	Injection, plerixafor, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
			PA Required	PA Required	PA Required	PA Required	PA Required
Substance p/neurokinin 1 (nk1) receptor antagonists	J0185	Injection, aprepitant, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Substance p/neurokinin 1 (nk1) receptor antagonists	J1453	Injection, fosaprepitant, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Systemic lupus erythematosus agents	J0490	Injection, belimumab, 10 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Transthyretin amyloidosis agents	J0222	Injection, patisiran, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Viscosupplements	J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7317	Injection, sodium hyaluronate	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	PA Required	PA Required	PA Required	PA Required	PA Required
Viscosupplements	J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose	PA Required	PA Required	PA Required	PA Required	PA Required
Home Care							
Extended Hours Home Care (Skilled Nursing Services)	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Extended Hours Home Care (Skilled Nursing Services)	T1002	RN services, up to 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Extended Hours Home Care (Skilled Nursing Services)	T1003	LPN/LVN services, up to 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Aide	99509	Home visit for assistance with activities of daily living and personal care	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Aide	G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Home Health Aide	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Care (Skilled Nursing Visits)	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Care (Skilled Nursing Visits)	99501	Home visit for postnatal assessment and follow-up care	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Care (Skilled Nursing Visits)	99502	Home visit for newborn care and assessment	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Care (Skilled Nursing Visits)	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Care (Skilled Nursing Visits)	G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Home Health Care (Skilled Nursing Visits)	G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Inpatient							
Inpatient (Hospital) Level of Care		no specific codes - concurrent review	PA Required	PA Required	PA Required	PA Required	PA Required
Inpatient Admissions - Post-Acute Services		no specific codes - concurrent review	PA Required	PA Required	PA Required	PA Required	PA Required
Inpatient Rehabilitation Facility (Acute Rehabilitation)		no specific codes - concurrent review	PA Required	PA Required	PA Required	PA Required	PA Required
Long-Term Acute Care Hospital (LTACH)		no specific codes - concurrent review	PA Required	PA Required	PA Required	PA Required	PA Required
NICU		no specific codes - concurrent review	PA required only after Moms discharge	PA required only after Moms discharge	PA required only after Moms discharge	PA required only after Moms discharge	PA required only after Moms discharge
Observation Stays		no specific codes - concurrent review	PA Required	PA Required	PA Required	PA Required	PA Required
Skilled Nursing Facility		no specific codes - concurrent review	PA Required	PA Required	PA Required	PA Required	PA Required
Medical Services							
Air Ambulance, Non-Emergent	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	PA Required	PA Required	PA Required	PA Required	PA Required
Air Ambulance, Non-Emergent	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Air Ambulance, Non-Emergent	A0435	Fixed wing air mileage, per statute mile	PA Required	PA Required	PA Required	PA Required	PA Required
Air Ambulance, Non-Emergent	A0436	Rotary wing air mileage, per statute mile	PA Required	PA Required	PA Required	PA Required	PA Required
Air Ambulance, Non-Emergent	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	PA Required	PA Required	PA Required	PA Required	PA Required
Air Ambulance, Non-Emergent	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	PA Required	PA Required	PA Required	PA Required	PA Required
Chelation Therapy	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	PA Required	PA Required	PA Required	PA Required	PA Required
End-stage Renal Disease (ESRD) Dialysis Service	90935 -90999	Dialysis, hemodialysis, and end-stage renal disease services	PA Required	PA Required	PA Required	PA Required	PA Required
End-stage Renal Disease (ESRD) Dialysis Service	S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately)	PA Required	PA Required	PA Required	PA Required	PA Required
Facility-based sleep studies	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Infertility Testing & Treatment	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	Not Covered	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, Fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	Not Covered	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	55400	Vasovasostomy, vasovasorrhaphy	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	55870	Electroejaculation	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	58321	Artificial insemination; intra cervical	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	58322	Artificial insemination; intra uterine	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	58323	Sperm washing for artificial insemination	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	58970	Follicle puncture for oocyte retrieval, any method	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	58974	Embryo transfer, intrauterine	Not Covered	PA Required	PA Required	Not Covered	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Infertility Testing & Treatment	58976	Gamete, zygote, or embryo intrafallopian transfer, any method	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	58999	Unlisted procedure, female genital system (nonobstetrical)	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89240	Unlisted miscellaneous pathology test	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89250	Culture of oocyte(s)/embryo(s), less than 4 days;	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89254	Oocyte identification from follicular fluid	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89255	Preparation of embryo for transfer (any method)	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89257	Sperm identification from aspiration (other than seminal fluid)	Not Covered	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89258	Cryopreservation; embryo(s)	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89259	Cryopreservation; sperm	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89260	Sperm isolation; simple prep (eg, sperm wash and swim up) for insemination or diagnosis with semen analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89264	Sperm identification from testis tissue, fresh or cryopreserved	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89268	Insemination of oocytes	Not Covered	PA Required	PA Required	Not Covered	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Infertility Testing & Treatment	89272	Extended culture of oocyte(s)/ embryo(s), 4 7 days	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre implantation genetic diagnosis); less than or equal to 5 embryos	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre implantation genetic diagnosis); greater than 5 embryos	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89310	Semen analysis; motility and count (not including Huhner test)	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89320	Semen analysis; volume, count, motility, and differential	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89321	Semen analysis; sperm presence and motility of sperm, if performed	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	PA Required	PA Required	PA Required	PA Required	PA Required
Infertility Testing & Treatment	89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	Not Covered	PA Required	PA Required	Not Covered	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Infertility Testing & Treatment	89342	Storage (per year); embryo(s)	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89343	Storage (per year); sperm/semen	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89352	Thawing of cryopreserved; embryo(s)	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89353	Thawing of cryopreserved; sperm/ semen, each aliquot	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	89398	Unlisted reproductive medicine laboratory procedure	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4014	Complete cycle, zygote intrafallopian transfer (zift), case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4016	Frozen in vitro fertilization cycle, case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required
Infertility Testing & Treatment	S4020	In vitro fertilization procedure cancelled before aspiration, case rate	Not Covered	PA Required	PA Required	Not Covered	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Intradialytic Parenteral Nutrition	90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	PA Required	PA Required	PA Required	PA Required	PA Required
Intradialytic Parenteral Nutrition	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	PA Required	PA Required	PA Required	PA Required	PA Required
MR Guided Ultrasound Ablation - Uterine Fibroids and Other Tumors	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	PA Required	PA Required	PA Required	PA Required	PA Required
MR Guided Ultrasound Ablation - Uterine Fibroids and Other Tumors	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	PA Required	PA Required	PA Required	PA Required	PA Required
Out-Of-Network Services		no specific codes	PA Required	PA Required	PA Required	PA Required	PA Required
Potentially unproven services (including experimental/ investigational and/or linked services)		no specific codes	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Radiation Oncology							
Brachytherapy	19296	Placement of radiotherapy after-loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes image guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Brachytherapy	19297	Placement of radiotherapy after-loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes image guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Brachytherapy	19298	Placement of radiotherapy after-loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following partial mastectomy, includes image guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Brachytherapy	77295	3-dimensional radiotherapy plan, including dose-volume histograms (3D conformal treatment plan)	PA Required	PA Required	PA Required	PA Required	PA Required
Brachytherapy	77316	Brachytherapy isodose plan; simple (1-4 sources or 1 channel), includes basic dosimetry calculations (Do not bill 77300)	PA Required	PA Required	PA Required	PA Required	PA Required
Brachytherapy	77317	Brachytherapy isodose plan; intermediate (5-10 sources or 2-12 channels), includes basic dosimetry calculation (Do not bill 77300)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Intensity Modulated Radiation Therapy (IMRT)	77301	Intensity modulated radiation therapy plan, including dose volume histogram for target and critical structure partial tolerance specifications	PA Required	PA Required	PA Required	PA Required	PA Required
Intensity Modulated Radiation Therapy (IMRT)	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	PA Required	PA Required	PA Required	PA Required	PA Required
Intensity Modulated Radiation Therapy (IMRT)	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	PA Required	PA Required	PA Required	PA Required	PA Required
Intensity Modulated Radiation Therapy (IMRT)	G6015	Intensity modulated Treatment delivery, single or multiple fields/ arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	PA Required	PA Required	PA Required	PA Required	PA Required
Intensity Modulated Radiation Therapy (IMRT)	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	PA Required	PA Required	PA Required	PA Required	PA Required
Proton Beam Therapy	77520	Proton treatment delivery; simple, without compensation	PA Required	PA Required	PA Required	PA Required	PA Required
Proton Beam Therapy	77522	Proton treatment delivery; simple, with compensation	PA Required	PA Required	PA Required	PA Required	PA Required
Proton Beam Therapy	77523	Proton treatment delivery; intermediate	PA Required	PA Required	PA Required	PA Required	PA Required
Proton Beam Therapy	77525	Proton treatment delivery; complex Planning	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Proton Beam Therapy	77301	Intensity modulated radiation therapy plan, including dose volume histogram for target and critical structure partial tolerance specifications (IMRT treatment plan)	PA Required	PA Required	PA Required	PA Required	PA Required
Proton Beam Therapy	77295	3-dimensional radiotherapy plan, including dose-volume histograms (3D conformal treatment plan)	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	77295	3-dimensional radiotherapy plan, including dose-volume histograms	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	77301	Intensity modulated radiation therapy plan, including dose volume histogram for target and critical structure partial tolerance specifications (when specified as treatment planning for SRS or SBRT)	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan (when specified as devices for SRS or SBRT)	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	77370	Special medical radiation physics consultation	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Stereotactic Body Radiation Therapy	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	77470	Special treatment procedure	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Body Radiation Therapy	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	77295	3-dimensional radiotherapy plan, including dose-volume histograms	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	77301	Intensity modulated radiation therapy plan, including dose volume histogram for target and critical structure partial tolerance specifications (when specified as treatment planning for SRS or SBRT)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Stereotactic Radiosurgery	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan (when specified as devices for SRS or SBRT)	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	77370	Special medical radiation physics consultation	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS) complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS) complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	PA Required	PA Required	PA Required	PA Required	PA Required
Stereotactic Radiosurgery	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Therapeutic Radiopharmaceutials	78012	Thyroid uptake, single/multiple quantitative measurement(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	78013	Thyroid imaging with vascular flow	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	78014	Thyroid uptake w/blood flow, single/multiple quantitative measurement(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	78015	Thyroid carcinoma metastases imaging, limited area	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	78016	Thyroid carcinoma metastases imaging, additional study	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	78018	Thyroid carcinoma metastases imaging whole body	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	79005	Radiopharmaceutical therapy, by oral administration	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	79101	Radiopharmaceutical therapy, by intravenous administration	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	A9528	Iodine i-131 sodium iodide capsule(s), diagnostic, per millicurie	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	A9531	Iodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceutials	A9590	Iodine i-131, iobenguane, 1 millicurie	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Therapeutic Radiopharmaceuticals	A9600	Strontium sr-89 chloride, therapeutic, per millicurie	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceuticals	A9604	Samarium sm-153 lexicidronam, therapeutic, per treatment dose, up to 150 millicuries	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceuticals	A9605	Samarium sm-153 lexicidronam, therapeutic, per 50 millicuries	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceuticals	A9606	Radium ra-223 dichloride, therapeutic, per microcurie	PA Required	PA Required	PA Required	PA Required	PA Required
Therapeutic Radiopharmaceuticals	A9699	Radiopharmaceutical therapy, not otherwise classified	PA Required	PA Required	PA Required	PA Required	PA Required
Surgical Procedures							
Cosmetic and Reconstructive Procedures							
Blepharoplasty/ Blepharoptosis	15820	Blepharoplasty, lower eyelid;	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	15822	Blepharoplasty, upper eyelid;	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Blepharoplasty/ Blepharoptosis	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	PA Required	PA Required	PA Required	PA Required	PA Required
Blepharoplasty/ Blepharoptosis	67908	Repair of blepharoptosis; conjunctivo tarso Muller's muscle levator resection (eg, Fasanella Servat type)	PA Required	PA Required	PA Required	PA Required	PA Required
Mammoplasty, Reduction	19318	Breast reduction	PA Required	PA Required	PA Required	PA Required	PA Required
Mastectomy, Male Gynecomastia	19300	Mastectomy for gynecomastia	PA Required	PA Required	PA Required	PA Required	PA Required
Rhinoplasty	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	PA Required	PA Required	PA Required	PA Required	PA Required
Rhinoplasty	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	PA Required	PA Required	PA Required	PA Required	PA Required
Rhinoplasty	30420	Rhinoplasty, primary; including major septal repair	PA Required	PA Required	PA Required	PA Required	PA Required
Rhinoplasty	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	PA Required	PA Required	PA Required	PA Required	PA Required
Rhinoplasty	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Spine Surgical Services							
Cervical Decompression With or Without Fusion	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/ or nerve roots; cervical below C2	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22830	Exploration of spinal fusion	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22849	Reinsertion of spinal fixation device	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal, or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [e.g., wire, suture, mini-plates], when performed)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Decompression With or Without Fusion	63185	Laminectomy with rhizotomy; 1 or 2 segments	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63190	Laminectomy with rhizotomy; more than 2 segments	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63191	Laminectomy with section of spinal accessory nerve	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage: cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Decompression With or Without Fusion	63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage: cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Disc Arthroplasty	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Disc Arthroplasty	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Disc Arthroplasty	0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Cervical Disc Arthroplasty	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Disc Arthroplasty	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Cervical Disc Arthroplasty	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Disc Arthroplasty	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Disc Arthroplasty	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Disc Arthroplasty	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Disc Arthroplasty	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Disc Arthroplasty	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Discectomy, Foraminotomy, and Laminotomy	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; single interspace, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Discectomy, Foraminotomy, and Laminotomy	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Discectomy, Foraminotomy, and Laminotomy	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Discectomy, Foraminotomy, and Laminotomy	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Discectomy, Foraminotomy, and Laminotomy	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Discectomy, Foraminotomy, and Laminotomy	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Discectomy, Foraminotomy, and Laminotomy	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); thoracic	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/ or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/ or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22830	Exploration of spinal fusion	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) 22849Reinsertion of spinal fixation device	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal, or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retracted bone fragments); thoracic, single segment	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retracted bone fragments); lumbar, single segment	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retracted bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach Spine Surgery	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)	63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Laminectomy	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63185	Laminectomy with rhizotomy; 1 or 2 segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63190	Laminectomy with rhizotomy; more than 2 segments	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63200	Laminectomy, with release of tethered spinal cord, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Lumbar Laminectomy	63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Lumbar Laminectomy	63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	PA Required	PA Required	PA Required	PA Required	PA Required
Vertebroplasty/Kyphoplasty	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	PA Required	PA Required	PA Required	PA Required	PA Required
Vertebroplasty/Kyphoplasty	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Vertebroplasty/Kyphoplasty	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance: cervicothoracic	PA Required	PA Required	PA Required	PA Required	PA Required
Vertebroplasty/Kyphoplasty	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral [when specified as lumbar]	PA Required	PA Required	PA Required	PA Required	PA Required
Vertebroplasty/Kyphoplasty	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 [when specified as other than sacral] (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Vertebroplasty/Kyphoplasty	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: thoracic	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Vertebroplasty/Kyphoplasty	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: lumbar	PA Required	PA Required	PA Required	PA Required	PA Required
Vertebroplasty/Kyphoplasty	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., 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	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures							
Gender Affirming Treatment and Procedures Including Hysterectomy	17380	Electrolysis epilation, each 30 minutes	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	19303	Mastectomy, simple, complete	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	19304	Mastectomy, subcutaneous	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Gender Affirming Treatment and Procedures Including Hysterectomy	19318	Breast reduction	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	19350	Nipple/areola reconstruction	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	53410	Urethroplasty, 1 stage reconstruction of male anterior urethra	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	53430	Urethroplasty, reconstruction of female urethra	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	54125	Amputation of penis; complete	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	54660	Insertion of testicular prosthesis (separate procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	54690	Laparoscopy, surgical; orchiectomy	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	55180	Scrotoplasty; complicated	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	56625	Vulvectomy simple; complete	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	56800	Plastic repair of introitus	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Gender Affirming Treatment and Procedures Including Hysterectomy	56805	Clitoroplasty for intersex state	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	57110	Vaginectomy, complete removal of vaginal wall;	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	57291	Construction of artificial vagina; without graft	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	57292	Construction of artificial vagina; with graft	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Gender Affirming Treatment and Procedures Including Hysterectomy	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Gender Affirming Treatment and Procedures Including Hysterectomy	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	PA Required	PA Required	PA Required	PA Required	PA Required
Interventional Pain Management							
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62321	Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62323	Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	64479	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	64480	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	64483	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	PA Required	PA Required	PA Required	PA Required	PA Required
Epidural Injection Procedures and Diagnostic Selective Nerve Root Blocks	64484	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	PA Required	PA Required	PA Required	PA Required	PA Required
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) 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)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	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	PA Required	PA Required	PA Required	PA Required	PA Required
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis	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)	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	PA Required	PA Required	PA Required	PA Required	PA Required
Spinal Cord and Nerve Root Stimulators	63650	Percutaneous implantation of neurostimulator electrode array, epidural	PA Required	PA Required	PA Required	PA Required	PA Required
Spinal Cord and Nerve Root Stimulators	63655	Laminectomy for implantation of neurostimulator electrodes, plate/ paddle, epidural	PA Required	PA Required	PA Required	PA Required	PA Required
Spinal Cord and Nerve Root Stimulators	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	PA Required	PA Required	PA Required	PA Required	PA Required
Spinal Cord and Nerve Root Stimulators	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/ paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	PA Required	PA Required	PA Required	PA Required	PA Required
Spinal Cord and Nerve Root Stimulators	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	PA Required	PA Required	PA Required	PA Required	PA Required
Spinal Cord and Nerve Root Stimulators	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	PA Required	PA Required	PA Required	PA Required	PA Required

Joint Surgery

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	27412	Autologous chondrocyte implantation, knee	PA Required	PA Required	PA Required	PA Required	PA Required
Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	J7330	Autologous cultured chondrocytes, implant	PA Required	PA Required	PA Required	PA Required	PA Required
Other Surgical Procedures							
Treatment of Varicose Veins/Venous Insufficiency	0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	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	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Treatment of Varicose Veins/Venous Insufficiency	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Treatment of Varicose Veins/Venous Insufficiency	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	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	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Treatment of Varicose Veins/Venous Insufficiency	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)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	37718	Ligation, division, and stripping, short saphenous vein	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	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	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Varicose Veins/Venous Insufficiency	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Surgery for Morbid Obesity	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Not Covered	PA Required	Not Covered	Not Covered	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Surgery for Morbid Obesity	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	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)	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Not Covered	PA Required	Not Covered	Not Covered	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Surgery for Morbid Obesity	43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Surgery for Morbid Obesity	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Not Covered	PA Required	Not Covered	Not Covered	PA Required
Temporomandibular Joint Dysfunction	21010	Arthrotomy, temporomandibular joint	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	21050	Condylectomy, temporomandibular joint (separate procedure)	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Temporomandibular Joint Dysfunction	21116	Injection procedure for temporomandibular joint arthrography	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	21242	Arthroplasty, temporomandibular joint, with allograft	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Temporomandibular Joint Dysfunction	29804	Arthroscopy, temporomandibular joint, surgical	Not Cov'd Unless Rider Purchased	Not Cov'd Unless Rider Purchased	PA Required	PA Required	Not Cov'd Unless Rider Purchased
Treatment of Urinary and Fecal Incontinence	0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Treatment of Urinary and Fecal Incontinence	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	PA Required	PA Required	PA Required	PA Required	PA Required
Treatment of Urinary and Fecal Incontinence	L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	PA Required	PA Required	PA Required	PA Required	PA Required
Virtual Colonoscopy/CT Colonography	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Virtual Colonoscopy/CT Colonography	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non contrast images, if performed	PA Required	PA Required	PA Required	PA Required	PA Required
Virtual Colonoscopy/CT Colonography	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	PA Required	PA Required	PA Required	PA Required	PA Required
Transplants - Organ & Bone Marrow/Stem Cell							
Artificial Heart, Total	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	PA Required	PA Required	PA Required	PA Required	PA Required
Artificial Heart, Total	33928	Removal and replacement of total replacement heart system (artificial heart)	PA Required	PA Required	PA Required	PA Required	PA Required
Artificial Heart, Total	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38230	Bone marrow harvesting for transplantation; allogeneic	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38232	Bone marrow harvesting for transplantation; autologous	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38242	Allogeneic lymphocyte infusions	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	38243	Hematopoietic progenitor cell (HPC); HPC boost	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	S2140	Cord blood harvesting for transplantation, allogeneic	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	S2142	Cord blood-derived stem-cell transplantation, allogeneic	PA Required	PA Required	PA Required	PA Required	PA Required
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation	S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/ storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/ surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	PA Required	PA Required	PA Required	PA Required	PA Required
Chimeric antigen receptor T-Cell therapy (CAR-T)	C9399	Unclassified drugs or biologicals	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Chimeric antigen receptor T-Cell therapy (CAR-T)	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (YESCARTA)	PA Required	PA Required	PA Required	PA Required	PA Required
Chimeric antigen receptor T-Cell therapy (CAR-T)	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (KYMRIAH)	PA Required	PA Required	PA Required	PA Required	PA Required
Chimeric antigen receptor T-Cell therapy (CAR-T)	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (TECARTUS)	PA Required	PA Required	PA Required	PA Required	PA Required
Chimeric antigen receptor T-Cell therapy (CAR-T)	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (BREYANZI)	PA Required	PA Required	PA Required	PA Required	PA Required
Chimeric antigen receptor T-Cell therapy (CAR-T)	Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (ABECMA)	PA Required	PA Required	PA Required	PA Required	PA Required
Heart Transplantation (Adult & Pediatric)	33940	Donor cardiectomy (including cold preservation)	PA Required	PA Required	PA Required	PA Required	PA Required
Heart Transplantation (Adult & Pediatric)	33945	Heart transplant, with or without recipient cardiectomy	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Heart/Lung Transplantation	33935	Heart lung transplant with recipient cardiectomy pneumonectomy	PA Required	PA Required	PA Required	PA Required	PA Required
Intestinal Tranplantation	44135	Intestinal allotransplantation; from cadaver donor	PA Required	PA Required	PA Required	PA Required	PA Required
Intestinal Tranplantation	44136	Intestinal allotransplantation; from living donor	PA Required	PA Required	PA Required	PA Required	PA Required
Kidney Transplantation	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	PA Required	PA Required	PA Required	PA Required	PA Required
Kidney Transplantation	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	PA Required	PA Required	PA Required	PA Required	PA Required
Liver Transplantation	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	PA Required	PA Required	PA Required	PA Required	PA Required
Lung Transplantation (Single or Double)	32851	Lung transplant, single; without cardiopulmonary bypass	PA Required	PA Required	PA Required	PA Required	PA Required
Lung Transplantation (Single or Double)	32852	Lung transplant, single; with cardiopulmonary bypass	PA Required	PA Required	PA Required	PA Required	PA Required
Lung Transplantation (Single or Double)	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	PA Required	PA Required	PA Required	PA Required	PA Required
Lung Transplantation (Single or Double)	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	PA Required	PA Required	PA Required	PA Required	PA Required
Pancreas Transplantation (Pancreas Alone)	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Pancreas Transplantation (Pancreas Alone)	G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	PA Required	PA Required	PA Required	PA Required	PA Required
Pancreas Transplantation (Pancreas Alone)	G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	PA Required	PA Required	PA Required	PA Required	PA Required
Pancreas Transplantation (Pancreas Alone)	G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	PA Required	PA Required	PA Required	PA Required	PA Required
Pancreas-Kidney (SPK, PAK) Transplantation	S2065	Simultaneous pancreas kidney transplantation	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33975	Insertion of ventricular assist device; extracorporeal, single ventricle	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33976	Insertion of ventricular assist device; extracorporeal, biventricular	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Ventricular Assist Devices (VADs)	33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	PA Required	PA Required	PA Required	PA Required	PA Required
Ventricular Assist Devices (VADs)	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	PA Required	PA Required	PA Required	PA Required	PA Required
Other Transplant Surgeries			PA Required	PA Required	PA Required	PA Required	PA Required
			PA Required	PA Required	PA Required	PA Required	PA Required
Neurologic Rehabilitation Facility	by Location		PA Required	PA Required	PA Required	PA Required	PA Required

Service	Code	Description	Health Advantage (not ASE/ PSE)	Blue Cross	Blue Cross Exchange	Health Advantage Exchange	BlueAdvantage Level Funded
Gastric Pacemaker	43647-43648, 43659, 43881-43882, 64590-64595, 95980-95982, 43999		PA Required	PA Required	PA Required	PA Required	PA Required
Hospital and Anesthesia Services related to Dental	00170	Anesthesia for Procedures on the Head	PA Required	PA Required	PA Required	PA Required	PA Required
Craniofacial Surgery and Services	21210, 21215, 21249, 21085, 21089, P9020, 15240, 15275, 41830		PA Required	PA Required	PA Required	PA Required	PA Required
Maxillofacial Code	21089	Other Maxillofacial Prosthetic Procedure	PA Required	PA Required	PA Required	PA Required	PA Required
Prosthetic Services	no codes - in conjunction with Craniofacial		PA Required	PA Required	PA Required	PA Required	PA Required
Hospice	POS 34		PA Required	PA Required	PA Required	PA Required	PA Required
Pediatric Vision -Eye Prosthesis & Polishing	V2623-V2629		No PA required	No PA required	PA Required	PA Required	No PA required
Pediatric Vision Therapy	92065	Under Ophthalmological Examination and Evaluation Procedures	Not covered	Not covered	PA Required	PA Required	Not covered
Cardiac and Pulmonary Rehabilitation	S9472,S9473 93797,93798 G0422-G0423 G0237,G0238 G0239,G0424		No PA required	No PA required	PA Required	PA Required	No PA required
Medical Disorder Rquireng Specialized Nutrients	S9435	Medical foods for inborn errors of metabolism	No PA required	No PA required	PA Required	PA Required	No PA required