



**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION (PA) REQUIREMENTS BY PROCEDURE
CODE FOR OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

**EXCEPT AS OTHERWISE NOTED IN THE UPDATES COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE
EFFECTIVE ON **JANUARY 1, 2023****

General Information:

Procedures on the following pages may require prior authorization. These lists are not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. ASO groups may have specific prior authorization requirements. Providers should check eligibility and benefits through Availity® or their preferred vendor to determine if a prior authorization is required.

**2023 Medical Surgical Procedures Requiring Prior Authorization
Updated January 2023 to reference changes that will be effective January 2024**

For prior authorization requests handled by BCBSTX, there are two ways to initiate your request.

Online	Registered Availity users may use Availity's Authorization tool (HIPAA-standard 278 transaction). For instructions, refer to the Availity Authorizations User Guide.
By Phone	Call the prior authorization number on the member's ID card.

For Medical Policy information, please access the [BCBSTX Medical Policy Website](#).

For services that are handled by Carelon Medical Benefits Management, call 1-866-455-8415 or Access Website <https://www.careloninsights.com/medical-benefits->

Updates to this list are announced routinely in the News and Updates section of the bcbstx.com/provider website.

Refer to [Utilizations Management](#) page on the BCBSTX provider website for any specific ASO group prior authorization information.

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Procedure Code	Service Category	Code Description	Managed By	Updates
J9345	Medical Oncology & Supportive Care	Inj, retifanlimab-dlwr, 1 mg	Carelon	Add Effective 01/01/2024. Prior Authorization required through Carelon.
J9350	Medical Oncology & Supportive Care	Inj Mosunetuzumab-Axgb 1 Mg	Carelon	Add Effective 01/01/2024. Prior Authorization required through Carelon.
0364U	Molecular Genetic Lab Testing	Onc HI Neo Gen Seq Alys Alg	Carelon	Add effective 01/01/2024
0368U	Molecular Genetic Lab Testing	Onc Clrct Ca Mut&Mthyltn Mrk	Carelon	Add effective 01/01/2024
0378U	Molecular Genetic Lab Testing	Rfc1 Repeat Xpnsj Vrrnt Alys	Carelon	Add effective 01/01/2024
0379U	Molecular Genetic Lab Testing	Tgsap Sl Or Neo Dna523&Rna55	Carelon	Add effective 01/01/2024
0380U	Molecular Genetic Lab Testing	Rx Metb Advrs Trgt Sq Aly 20	Carelon	Add effective 01/01/2024
23700	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Mnpj Anes Sho Jt Fixj Aprats	Carelon	Add effective 01/01/2024
27331	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Explore/Treat Knee Joint	Carelon	Add effective 01/01/2024
27405	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Of Knee Ligament	Carelon	Add effective 01/01/2024

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27407	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Of Knee Ligament	Carelon	Add effective 01/01/2024
27409	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Of Knee Ligaments	Carelon	Add effective 01/01/2024
29805	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Dx +- Synovial Bx	Carelon	Add effective 01/01/2024
29806	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Capsulorrhaphy	Carelon	Add effective 01/01/2024
29807	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Rpr Slap Les	Carelon	Add effective 01/01/2024
29819	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Rmvl Loose/Fb	Carelon	Add effective 01/01/2024
29820	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Prtl Synvct	Carelon	Add effective 01/01/2024
29821	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Compl Synvct	Carelon	Add effective 01/01/2024
29822	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Lmtd Dbrdmt	Carelon	Add effective 01/01/2024
29823	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Xtmsv Dbrdmt	Carelon	Add effective 01/01/2024
29824	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Dstl Clavicl	Carelon	Add effective 01/01/2024
29825	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Lss&Rescj Ads	Carelon	Add effective 01/01/2024
29826	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Decompression	Carelon	Add effective 01/01/2024
29827	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Rt8Tr Cuf Rpr	Carelon	Add effective 01/01/2024
29828	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sho Arthrs Srg Bicp Tenodsis	Carelon	Add effective 01/01/2024
29860	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthroscopy Dx	Carelon	Add effective 01/01/2024
29861	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthro W/Fb Removal	Carelon	Add effective 01/01/2024
29862	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthro W/Debridement	Carelon	Add effective 01/01/2024
29863	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthro W/Synovectomy	Carelon	Add effective 01/01/2024
29866	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Autgrft Implnt Knee W/Scope	Carelon	Add effective 01/01/2024
29867	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Allgrft Implnt Knee W/Scope	Carelon	Add effective 01/01/2024
29868	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Meniscal Trnspl Knee W/Scpe	Carelon	Add effective 01/01/2024
29870	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy Dx	Carelon	Add effective 01/01/2024
29871	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Drainage	Carelon	Add effective 01/01/2024
29873	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29874	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29875	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29876	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29877	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29879	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024

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29880	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29881	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29882	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29883	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29884	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29885	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29886	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29887	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29888	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29889	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29892	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Ankle Arthroscopy/Surgery	Carelon	Add effective 01/01/2024
29914	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthro W/Femoroplasty	Carelon	Add effective 01/01/2024
29915	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthro Acetabuloplasty	Carelon	Add effective 01/01/2024
29916	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hip Arthro W/Labral Repair	Carelon	Add effective 01/01/2024
G0289	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthro Loose Body + Chondro	Carelon	Add effective 01/01/2024
S2112	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Knee Arthroscop Harv	Carelon	Add effective 01/01/2024
70336	Advanced Imaging/Radiology, Cardiology	Magnetic Image Jaw Joint	Carelon	-
70450	Advanced Imaging/Radiology, Cardiology	Ct Head/Brain W/O Dye	Carelon	-
70460	Advanced Imaging/Radiology, Cardiology	Ct Head/Brain W/Dye	Carelon	-
70470	Advanced Imaging/Radiology, Cardiology	Ct Head/Brain W/O & W/Dye	Carelon	-
70480	Advanced Imaging/Radiology, Cardiology	Ct Orbit/Ear/Fossa W/O Dye	Carelon	-
70481	Advanced Imaging/Radiology, Cardiology	Ct Orbit/Ear/Fossa W/Dye	Carelon	-
70482	Advanced Imaging/Radiology, Cardiology	Ct Orbit/Ear/Fossa W/O&W/Dye	Carelon	-
70486	Advanced Imaging/Radiology, Cardiology	Ct Maxillofacial W/O Dye	Carelon	-
70487	Advanced Imaging/Radiology, Cardiology	Ct Maxillofacial W/Dye	Carelon	-
70488	Advanced Imaging/Radiology, Cardiology	Ct Maxillofacial W/O & W/Dye	Carelon	-
70490	Advanced Imaging/Radiology, Cardiology	Ct Soft Tissue Neck W/O Dye	Carelon	-
70491	Advanced Imaging/Radiology, Cardiology	Ct Soft Tissue Neck W/Dye	Carelon	-
70492	Advanced Imaging/Radiology, Cardiology	Ct Sft Tsue Nck W/O & W/Dye	Carelon	-
70496	Advanced Imaging/Radiology, Cardiology	Ct Angiography Head	Carelon	-

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70498	Advanced Imaging/Radiology, Cardiology	Ct Angiography Neck	Carelon	-
70540	Advanced Imaging/Radiology, Cardiology	Mri Orbit/Face/Neck W/O Dye	Carelon	-
70542	Advanced Imaging/Radiology, Cardiology	Mri Orbit/Face/Neck W/Dye	Carelon	-
70543	Advanced Imaging/Radiology, Cardiology	Mri Orbt/Fac/Nck W/O &W/Dye	Carelon	-
70544	Advanced Imaging/Radiology, Cardiology	Mr Angiography Head W/O Dye	Carelon	-
70545	Advanced Imaging/Radiology, Cardiology	Mr Angiography Head W/Dye	Carelon	-
70546	Advanced Imaging/Radiology, Cardiology	Mr Angiograph Head W/O&W/Dye	Carelon	-
70547	Advanced Imaging/Radiology, Cardiology	Mr Angiography Neck W/O Dye	Carelon	-
70548	Advanced Imaging/Radiology, Cardiology	Mr Angiography Neck W/Dye	Carelon	-
70549	Advanced Imaging/Radiology, Cardiology	Mr Angiograph Neck W/O&W/Dye	Carelon	-
70551	Advanced Imaging/Radiology, Cardiology	Mri Brain Stem W/O Dye	Carelon	-
70552	Advanced Imaging/Radiology, Cardiology	Mri Brain Stem W/Dye	Carelon	-
70553	Advanced Imaging/Radiology, Cardiology	Mri Brain Stem W/O & W/Dye	Carelon	-
70554	Advanced Imaging/Radiology, Cardiology	Fmri Brain By Tech	Carelon	-
70555	Advanced Imaging/Radiology, Cardiology	Fmri Brain By Phys/Psych	Carelon	-
71250	Advanced Imaging/Radiology, Cardiology	Ct Thorax Dx C-	Carelon	-
71260	Advanced Imaging/Radiology, Cardiology	Ct Thorax Dx C+	Carelon	-
71270	Advanced Imaging/Radiology, Cardiology	Ct Thorax Dx C-/C+	Carelon	-
71271	Advanced Imaging/Radiology, Cardiology	Ct Thorax Lung Cancer Scr C-	Carelon	-
71275	Advanced Imaging/Radiology, Cardiology	Ct Angiography Chest	Carelon	-
71550	Advanced Imaging/Radiology, Cardiology	Mri Chest W/O Dye	Carelon	-
71551	Advanced Imaging/Radiology, Cardiology	Mri Chest W/Dye	Carelon	-
71552	Advanced Imaging/Radiology, Cardiology	Mri Chest W/O & W/Dye	Carelon	-
71555	Advanced Imaging/Radiology, Cardiology	Mri Angio Chest W Or W/O Dye	Carelon	-
72125	Advanced Imaging/Radiology, Cardiology	Ct Neck Spine W/O Dye	Carelon	-
72126	Advanced Imaging/Radiology, Cardiology	Ct Neck Spine W/Dye	Carelon	-
72127	Advanced Imaging/Radiology, Cardiology	Ct Neck Spine W/O & W/Dye	Carelon	-
72128	Advanced Imaging/Radiology, Cardiology	Ct Chest Spine W/O Dye	Carelon	-
72129	Advanced Imaging/Radiology, Cardiology	Ct Chest Spine W/Dye	Carelon	-
72130	Advanced Imaging/Radiology, Cardiology	Ct Chest Spine W/O & W/Dye	Carelon	-

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72131	Advanced Imaging/Radiology, Cardiology	Ct Lumbar Spine W/O Dye	Carelon	-
72132	Advanced Imaging/Radiology, Cardiology	Ct Lumbar Spine W/Dye	Carelon	-
72133	Advanced Imaging/Radiology, Cardiology	Ct Lumbar Spine W/O & W/Dye	Carelon	-
72141	Advanced Imaging/Radiology, Cardiology	Mri Neck Spine W/O Dye	Carelon	-
72142	Advanced Imaging/Radiology, Cardiology	Mri Neck Spine W/Dye	Carelon	-
72146	Advanced Imaging/Radiology, Cardiology	Mri Chest Spine W/O Dye	Carelon	-
72147	Advanced Imaging/Radiology, Cardiology	Mri Chest Spine W/Dye	Carelon	-
72148	Advanced Imaging/Radiology, Cardiology	Mri Lumbar Spine W/O Dye	Carelon	-
72149	Advanced Imaging/Radiology, Cardiology	Mri Lumbar Spine W/Dye	Carelon	-
72156	Advanced Imaging/Radiology, Cardiology	Mri Neck Spine W/O & W/Dye	Carelon	-
72157	Advanced Imaging/Radiology, Cardiology	Mri Chest Spine W/O & W/Dye	Carelon	-
72158	Advanced Imaging/Radiology, Cardiology	Mri Lumbar Spine W/O & W/Dye	Carelon	-
72159	Advanced Imaging/Radiology, Cardiology	Mr Angio Spine W/O&W/Dye	Carelon	-
72191	Advanced Imaging/Radiology, Cardiology	Ct Angiograph Pelv W/O&W/Dye	Carelon	-
72192	Advanced Imaging/Radiology, Cardiology	Ct Pelvis W/O Dye	Carelon	-
72193	Advanced Imaging/Radiology, Cardiology	Ct Pelvis W/Dye	Carelon	-
72194	Advanced Imaging/Radiology, Cardiology	Ct Pelvis W/O & W/Dye	Carelon	-
72195	Advanced Imaging/Radiology, Cardiology	Mri Pelvis W/O Dye	Carelon	-
72196	Advanced Imaging/Radiology, Cardiology	Mri Pelvis W/Dye	Carelon	-
72197	Advanced Imaging/Radiology, Cardiology	Mri Pelvis W/O & W/Dye	Carelon	-
72198	Advanced Imaging/Radiology, Cardiology	Mr Angio Pelvis W/O & W/Dye	Carelon	-
73200	Advanced Imaging/Radiology, Cardiology	Ct Upper Extremity W/O Dye	Carelon	-
73201	Advanced Imaging/Radiology, Cardiology	Ct Upper Extremity W/Dye	Carelon	-
73202	Advanced Imaging/Radiology, Cardiology	Ct Uppr Extremity W/O&W/Dye	Carelon	-
73206	Advanced Imaging/Radiology, Cardiology	Ct Angio Upr Extrm W/O&W/Dye	Carelon	-
73218	Advanced Imaging/Radiology, Cardiology	Mri Upper Extremity W/O Dye	Carelon	-
73219	Advanced Imaging/Radiology, Cardiology	Mri Upper Extremity W/Dye	Carelon	-
73220	Advanced Imaging/Radiology, Cardiology	Mri Uppr Extremity W/O&W/Dye	Carelon	-
73221	Advanced Imaging/Radiology, Cardiology	Mri Joint Upr Extrem W/O Dye	Carelon	-
73222	Advanced Imaging/Radiology, Cardiology	Mri Joint Upr Extrem W/Dye	Carelon	-

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73223	Advanced Imaging/Radiology, Cardiology	Mri Joint Upr Extr W/O&W/Dye	Carelon	-
73225	Advanced Imaging/Radiology, Cardiology	Mr Angio Upr Extr W/O&W/Dye	Carelon	-
73700	Advanced Imaging/Radiology, Cardiology	Ct Lower Extremity W/O Dye	Carelon	-
73701	Advanced Imaging/Radiology, Cardiology	Ct Lower Extremity W/Dye	Carelon	-
73702	Advanced Imaging/Radiology, Cardiology	Ct Lwr Extremity W/O&W/Dye	Carelon	-
73706	Advanced Imaging/Radiology, Cardiology	Ct Angio Lwr Extr W/O&W/Dye	Carelon	-
73718	Advanced Imaging/Radiology, Cardiology	Mri Lower Extremity W/O Dye	Carelon	-
73719	Advanced Imaging/Radiology, Cardiology	Mri Lower Extremity W/Dye	Carelon	-
73720	Advanced Imaging/Radiology, Cardiology	Mri Lwr Extremity W/O&W/Dye	Carelon	-
73721	Advanced Imaging/Radiology, Cardiology	Mri Jnt Of Lwr Extre W/O Dye	Carelon	-
73722	Advanced Imaging/Radiology, Cardiology	Mri Joint Of Lwr Extr W/Dye	Carelon	-
73723	Advanced Imaging/Radiology, Cardiology	Mri Joint Lwr Extr W/O&W/Dye	Carelon	-
73725	Advanced Imaging/Radiology, Cardiology	Mr Ang Lwr Ext W Or W/O Dye	Carelon	-
74150	Advanced Imaging/Radiology, Cardiology	Ct Abdomen W/O Dye	Carelon	-
74160	Advanced Imaging/Radiology, Cardiology	Ct Abdomen W/Dye	Carelon	-
74170	Advanced Imaging/Radiology, Cardiology	Ct Abdomen W/O & W/Dye	Carelon	-
74174	Advanced Imaging/Radiology, Cardiology	Ct Angio Abd&Pelv W/O&W/Dye	Carelon	-
74175	Advanced Imaging/Radiology, Cardiology	Ct Angio Abdom W/O & W/Dye	Carelon	-
74176	Advanced Imaging/Radiology, Cardiology	Ct Abd & Pelvis W/O Contrast	Carelon	-
74177	Advanced Imaging/Radiology, Cardiology	Ct Abd & Pelv W/Contrast	Carelon	-
74178	Advanced Imaging/Radiology, Cardiology	Ct Abd & Pelv 1/> Regns	Carelon	-
74181	Advanced Imaging/Radiology, Cardiology	Mri Abdomen W/O Dye	Carelon	-
74182	Advanced Imaging/Radiology, Cardiology	Mri Abdomen W/Dye	Carelon	-
74183	Advanced Imaging/Radiology, Cardiology	Mri Abdomen W/O & W/Dye	Carelon	-
74185	Advanced Imaging/Radiology, Cardiology	Mri Angio Abdom W Orw/O Dye	Carelon	-
74261	Advanced Imaging/Radiology, Cardiology	Ct Colonography Dx	Carelon	-
74262	Advanced Imaging/Radiology, Cardiology	Ct Colonography Dx W/Dye	Carelon	-
74263	Advanced Imaging/Radiology, Cardiology	Ct Colonography Screening	Carelon	-
74712	Advanced Imaging/Radiology, Cardiology	Mri Fetal Sngl/1St Gestation	Carelon	-
74713	Advanced Imaging/Radiology, Cardiology	Mri Fetal Ea Addl Gestation	Carelon	-

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75557	Advanced Imaging/Radiology, Cardiology	Cardiac Mri For Morph	Carelon	-
75559	Advanced Imaging/Radiology, Cardiology	Cardiac Mri W/Stress Img	Carelon	-
75561	Advanced Imaging/Radiology, Cardiology	Cardiac Mri For Morph W/Dye	Carelon	-
75563	Advanced Imaging/Radiology, Cardiology	Card Mri W/Stress Img & Dye	Carelon	-
75565	Advanced Imaging/Radiology, Cardiology	Card Mri Veloc Flow Mapping	Carelon	-
75571	Advanced Imaging/Radiology, Cardiology	Ct Hrt W/O Dye W/Ca Test	Carelon	-
75572	Advanced Imaging/Radiology, Cardiology	Ct Hrt W/3D Image	Carelon	-
75573	Advanced Imaging/Radiology, Cardiology	Ct Hrt C+ Strux Cgen Hrt Ds	Carelon	-
75574	Advanced Imaging/Radiology, Cardiology	Ct Angio Hrt W/3D Image	Carelon	-
75635	Advanced Imaging/Radiology, Cardiology	Ct Angio Abdominal Arteries	Carelon	-
76376	Advanced Imaging/Radiology, Cardiology	3D Render W/Intrp Postproces	Carelon	-
76377	Advanced Imaging/Radiology, Cardiology	3D Render W/Intrp Postproces	Carelon	-
76380	Advanced Imaging/Radiology, Cardiology	Cat Scan Follow-Up Study	Carelon	-
76390	Advanced Imaging/Radiology, Cardiology	Mr Spectroscopy	Carelon	-
76391	Advanced Imaging/Radiology, Cardiology	Mr Elastography	Carelon	-
77046	Advanced Imaging/Radiology, Cardiology	Mri Breast C- Unilateral	Carelon	-
77047	Advanced Imaging/Radiology, Cardiology	Mri Breast C- Bilateral	Carelon	-
77048	Advanced Imaging/Radiology, Cardiology	Mri Breast C++ W/Cad Uni	Carelon	-
77049	Advanced Imaging/Radiology, Cardiology	Mri Breast C++ W/Cad Bi	Carelon	-
77078	Advanced Imaging/Radiology, Cardiology	Ct Bone Density Axial	Carelon	-
77084	Advanced Imaging/Radiology, Cardiology	Magnetic Image Bone Marrow	Carelon	-
78012	Advanced Imaging/Radiology, Cardiology	Thyroid Uptake Measurement	Carelon	-
78013	Advanced Imaging/Radiology, Cardiology	Thyroid Imaging W/Blood Flow	Carelon	-
78014	Advanced Imaging/Radiology, Cardiology	Thyroid Imaging W/Blood Flow	Carelon	-
78015	Advanced Imaging/Radiology, Cardiology	Thyroid Met Imaging	Carelon	-
78016	Advanced Imaging/Radiology, Cardiology	Thyroid Met Imaging/Studies	Carelon	-
78018	Advanced Imaging/Radiology, Cardiology	Thyroid Met Imaging Body	Carelon	-
78020	Advanced Imaging/Radiology, Cardiology	Thyroid Met Uptake	Carelon	-
78070	Advanced Imaging/Radiology, Cardiology	Parathyroid Planar Imaging	Carelon	-
78071	Advanced Imaging/Radiology, Cardiology	Parathyrd Planar W/Wo Subtrj	Carelon	-

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78072	Advanced Imaging/Radiology, Cardiology	Parathyrd Planar W/Spect&Ct	Carelon	-
78075	Advanced Imaging/Radiology, Cardiology	Adrenal Cortex & Medulla Img	Carelon	-
78102	Advanced Imaging/Radiology, Cardiology	Bone Marrow Imaging Ltd	Carelon	-
78103	Advanced Imaging/Radiology, Cardiology	Bone Marrow Imaging Mult	Carelon	-
78104	Advanced Imaging/Radiology, Cardiology	Bone Marrow Imaging Body	Carelon	-
78185	Advanced Imaging/Radiology, Cardiology	Spleen Imaging	Carelon	-
78195	Advanced Imaging/Radiology, Cardiology	Lymph System Imaging	Carelon	-
78201	Advanced Imaging/Radiology, Cardiology	Liver Imaging	Carelon	-
78202	Advanced Imaging/Radiology, Cardiology	Liver Imaging With Flow	Carelon	-
78215	Advanced Imaging/Radiology, Cardiology	Liver And Spleen Imaging	Carelon	-
78216	Advanced Imaging/Radiology, Cardiology	Liver & Spleen Image/Flow	Carelon	-
78226	Advanced Imaging/Radiology, Cardiology	Hepatobiliary System Imaging	Carelon	-
78227	Advanced Imaging/Radiology, Cardiology	Hepatobil Syst Image W/Drug	Carelon	-
78230	Advanced Imaging/Radiology, Cardiology	Salivary Gland Imaging	Carelon	-
78231	Advanced Imaging/Radiology, Cardiology	Serial Salivary Imaging	Carelon	-
78232	Advanced Imaging/Radiology, Cardiology	Salivary Gland Function Exam	Carelon	-
78258	Advanced Imaging/Radiology, Cardiology	Esophageal Motility Study	Carelon	-
78261	Advanced Imaging/Radiology, Cardiology	Gastric Mucosa Imaging	Carelon	-
78262	Advanced Imaging/Radiology, Cardiology	Gastroesophageal Reflux Exam	Carelon	-
78264	Advanced Imaging/Radiology, Cardiology	Gastric Emptying Imag Study	Carelon	-
78265	Advanced Imaging/Radiology, Cardiology	Gastric Emptying Imag Study	Carelon	-
78266	Advanced Imaging/Radiology, Cardiology	Gastric Emptying Imag Study	Carelon	-
78278	Advanced Imaging/Radiology, Cardiology	Acute Gi Blood Loss Imaging	Carelon	-
78290	Advanced Imaging/Radiology, Cardiology	Meckels Divert Exam	Carelon	-
78291	Advanced Imaging/Radiology, Cardiology	Leveen/Shunt Patency Exam	Carelon	-
78300	Advanced Imaging/Radiology, Cardiology	Bone Imaging Limited Area	Carelon	-
78305	Advanced Imaging/Radiology, Cardiology	Bone Imaging Multiple Areas	Carelon	-
78306	Advanced Imaging/Radiology, Cardiology	Bone Imaging Whole Body	Carelon	-
78315	Advanced Imaging/Radiology, Cardiology	Bone Imaging 3 Phase	Carelon	-
78429	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet 1 Std W/Ct	Carelon	-

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2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

78430	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet Rst/Strs W/Ct	Carelon	-
78431	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet Rst&Strs Ct	Carelon	-
78432	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet 2Rtracer	Carelon	-
78433	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet 2Rtracer Ct	Carelon	-
78445	Advanced Imaging/Radiology, Cardiology	Vascular Flow Imaging	Carelon	-
78451	Advanced Imaging/Radiology, Cardiology	Ht Muscle Image Spect Sing	Carelon	-
78452	Advanced Imaging/Radiology, Cardiology	Ht Muscle Image Spect Mult	Carelon	-
78453	Advanced Imaging/Radiology, Cardiology	Ht Muscle Image Planar Sing	Carelon	-
78454	Advanced Imaging/Radiology, Cardiology	Ht Musc Image Planar Mult	Carelon	-
78456	Advanced Imaging/Radiology, Cardiology	Acute Venous Thrombus Image	Carelon	-
78457	Advanced Imaging/Radiology, Cardiology	Venous Thrombosis Imaging	Carelon	-
78458	Advanced Imaging/Radiology, Cardiology	Ven Thrombosis Images Bilat	Carelon	-
78459	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet Single Study	Carelon	-
78466	Advanced Imaging/Radiology, Cardiology	Heart Infarct Image	Carelon	-
78468	Advanced Imaging/Radiology, Cardiology	Heart Infarct Image (Ef)	Carelon	-
78469	Advanced Imaging/Radiology, Cardiology	Heart Infarct Image (3D)	Carelon	-
78472	Advanced Imaging/Radiology, Cardiology	Gated Heart Planar Single	Carelon	-
78473	Advanced Imaging/Radiology, Cardiology	Gated Heart Multiple	Carelon	-
78481	Advanced Imaging/Radiology, Cardiology	Heart First Pass Single	Carelon	-
78483	Advanced Imaging/Radiology, Cardiology	Heart First Pass Multiple	Carelon	-
78491	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet 1Std Rst/Strs	Carelon	-
78492	Advanced Imaging/Radiology, Cardiology	Myocrd Img Pet Mlt Rst&Strs	Carelon	-
78494	Advanced Imaging/Radiology, Cardiology	Heart Image Spect	Carelon	-
78496	Advanced Imaging/Radiology, Cardiology	Heart First Pass Add-On	Carelon	-
78579	Advanced Imaging/Radiology, Cardiology	Lung Ventilation Imaging	Carelon	-
78580	Advanced Imaging/Radiology, Cardiology	Lung Perfusion Imaging	Carelon	-
78582	Advanced Imaging/Radiology, Cardiology	Lung Ventil&Perfus Imaging	Carelon	-
78597	Advanced Imaging/Radiology, Cardiology	Lung Perfusion Differential	Carelon	-
78598	Advanced Imaging/Radiology, Cardiology	Lung Perf&Ventilat Diferenti	Carelon	-
78600	Advanced Imaging/Radiology, Cardiology	Brain Image < 4 Views	Carelon	-

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OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

78601	Advanced Imaging/Radiology, Cardiology	Brain Image W/Flow < 4 Views	Carelon	-
78605	Advanced Imaging/Radiology, Cardiology	Brain Image 4+ Views	Carelon	-
78606	Advanced Imaging/Radiology, Cardiology	Brain Image W/Flow 4 + Views	Carelon	-
78608	Advanced Imaging/Radiology, Cardiology	Brain Imaging (Pet)	Carelon	-
78609	Advanced Imaging/Radiology, Cardiology	Brain Imaging (Pet)	Carelon	-
78610	Advanced Imaging/Radiology, Cardiology	Brain Flow Imaging Only	Carelon	-
78630	Advanced Imaging/Radiology, Cardiology	Cerebrospinal Fluid Scan	Carelon	-
78635	Advanced Imaging/Radiology, Cardiology	Csf Ventriculography	Carelon	-
78645	Advanced Imaging/Radiology, Cardiology	Csf Shunt Evaluation	Carelon	-
78650	Advanced Imaging/Radiology, Cardiology	Csf Leakage Imaging	Carelon	-
78660	Advanced Imaging/Radiology, Cardiology	Nuclear Exam Of Tear Flow	Carelon	-
78700	Advanced Imaging/Radiology, Cardiology	Kidney Imaging Morphol	Carelon	-
78701	Advanced Imaging/Radiology, Cardiology	Kidney Imaging With Flow	Carelon	-
78707	Advanced Imaging/Radiology, Cardiology	K Flow/Funct Image W/O Drug	Carelon	-
78708	Advanced Imaging/Radiology, Cardiology	K Flow/Funct Image W/Drug	Carelon	-
78709	Advanced Imaging/Radiology, Cardiology	K Flow/Funct Image Multiple	Carelon	-
78725	Advanced Imaging/Radiology, Cardiology	Kidney Function Study	Carelon	-
78730	Advanced Imaging/Radiology, Cardiology	Urinary Bladder Retention	Carelon	-
78740	Advanced Imaging/Radiology, Cardiology	Ureteral Reflux Study	Carelon	-
78761	Advanced Imaging/Radiology, Cardiology	Testicular Imaging W/Flow	Carelon	-
78800	Advanced Imaging/Radiology, Cardiology	Rp Loclzj Tum 1 Area 1 D Img	Carelon	-
78801	Advanced Imaging/Radiology, Cardiology	Rp Loclzj Tum 2+Area 1+D Img	Carelon	-
78802	Advanced Imaging/Radiology, Cardiology	Rp Loclzj Tum Whbdy 1 D Img	Carelon	-
78803	Advanced Imaging/Radiology, Cardiology	Rp Loclzj Tum Spect 1 Area	Carelon	-
78804	Advanced Imaging/Radiology, Cardiology	Rp Loclzj Tum Whbdy 2+D Img	Carelon	-
78811	Advanced Imaging/Radiology, Cardiology	Pet Image Ltd Area	Carelon	-
78812	Advanced Imaging/Radiology, Cardiology	Pet Image Skull-Thigh	Carelon	-
78813	Advanced Imaging/Radiology, Cardiology	Pet Image Full Body	Carelon	-
78814	Advanced Imaging/Radiology, Cardiology	Pet Image W/Ct Lmtd	Carelon	-
78815	Advanced Imaging/Radiology, Cardiology	Pet Image W/Ct Skull-Thigh	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

78816	Advanced Imaging/Radiology, Cardiology	Pet Image W/Ct Full Body	Carelon	-
78830	Advanced Imaging/Radiology, Cardiology	Rp Locljz Tum Spect W/Ct 1	Carelon	-
78831	Advanced Imaging/Radiology, Cardiology	Rp Locljz Tum Spect 2 Areas	Carelon	-
78832	Advanced Imaging/Radiology, Cardiology	Rp Locljz Tum Spect W/Ct 2	Carelon	-
0042T	Advanced Imaging/Radiology, Cardiology	Ct Perfusion W/Contrast Cbf	Carelon	-
0633T	Advanced Imaging/Radiology, Cardiology	Ct Breast W/3D Uni C-	Carelon	-
0634T	Advanced Imaging/Radiology, Cardiology	Ct Breast W/3D Uni C+	Carelon	-
0635T	Advanced Imaging/Radiology, Cardiology	Ct Breast W/3D Uni C-/C+	Carelon	-
0636T	Advanced Imaging/Radiology, Cardiology	Ct Breast W/3D Bi C-	Carelon	-
0637T	Advanced Imaging/Radiology, Cardiology	Ct Breast W/3D Bi C+	Carelon	-
0638T	Advanced Imaging/Radiology, Cardiology	Ct Breast W/3D Bi C-/C+	Carelon	-
0648T	Advanced Imaging/Radiology, Cardiology	Quan Mr Tis Wo Mri 1Orgn	Carelon	-
0649T	Advanced Imaging/Radiology, Cardiology	Quan Mr Tiss W/Mri 1Orgn	Carelon	-
A9602	Advanced Imaging/Radiology, Cardiology	Fluorodopa F-18 Diag Per Mci	Carelon	Add Effective 07/01/2023
A9800	Advanced Imaging/Radiology, Cardiology	Gallium Locametz 1 Millicuri	Carelon	Add Effective 07/01/2023
C8900	Advanced Imaging/Radiology, Cardiology	Mra W/Cont Abd	Carelon	-
C8901	Advanced Imaging/Radiology, Cardiology	Mra W/O Cont Abd	Carelon	-
C8902	Advanced Imaging/Radiology, Cardiology	Mra W/O Fol W/Cont Abd	Carelon	-
C8903	Advanced Imaging/Radiology, Cardiology	Mri W/Cont Breast Uni	Carelon	-
C8905	Advanced Imaging/Radiology, Cardiology	Mri W/O Fol W/Cont Brst Un	Carelon	-
C8906	Advanced Imaging/Radiology, Cardiology	Mri W/Cont Breast Bi	Carelon	-
C8908	Advanced Imaging/Radiology, Cardiology	Mri W/O Fol W/Cont Breast	Carelon	-
C8909	Advanced Imaging/Radiology, Cardiology	Mra W/Cont Chest	Carelon	-
C8910	Advanced Imaging/Radiology, Cardiology	Mra W/O Cont Chest	Carelon	-
C8911	Advanced Imaging/Radiology, Cardiology	Mra W/O Fol W/Cont Chest	Carelon	-
C8912	Advanced Imaging/Radiology, Cardiology	Mra W/Cont Lwr Ext	Carelon	-
C8913	Advanced Imaging/Radiology, Cardiology	Mra W/O Cont Lwr Ext	Carelon	-
C8914	Advanced Imaging/Radiology, Cardiology	Mra W/O Fol W/Cont Lwr Ext	Carelon	-
C8918	Advanced Imaging/Radiology, Cardiology	Mra W/Cont Pelvis	Carelon	-
C8919	Advanced Imaging/Radiology, Cardiology	Mra W/O Cont Pelvis	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

C8920	Advanced Imaging/Radiology, Cardiology	Mra W/O Fol W/Cont Pelvis	Carelon	-
C8931	Advanced Imaging/Radiology, Cardiology	Mra W/Dye Spinal Canal	Carelon	-
C8932	Advanced Imaging/Radiology, Cardiology	Mra W/O Dye Spinal Canal	Carelon	-
C8933	Advanced Imaging/Radiology, Cardiology	Mra W/O&W/Dye Spinal Canal	Carelon	-
C8934	Advanced Imaging/Radiology, Cardiology	Mra W/Dye Upper Extremity	Carelon	-
C8935	Advanced Imaging/Radiology, Cardiology	Mra W/O Dye Upper Extr	Carelon	-
C8936	Advanced Imaging/Radiology, Cardiology	Mra W/O&W/Dye Upper Extr	Carelon	-
G0219	Advanced Imaging/Radiology, Cardiology	Pet Img Wholbod Melano Nonco	Carelon	-
G0235	Advanced Imaging/Radiology, Cardiology	Pet Imaging Any Site Not Otherwise Specified	Carelon	-
G0252	Advanced Imaging/Radiology, Cardiology	Pet Imaging Initial Dx	Carelon	-
S8037	Advanced Imaging/Radiology, Cardiology	Mrcp	Carelon	-
36516	Cardiology - Lipid Apheresis	Apheresis Immunoads Slctv	BCBSTX	-
S2120	Cardiology - Lipid Apheresis	Low Density Lipoprotein(Ldl)	BCBSTX	-
30120	Ear, Nose, and Throat	Revision Of Nose	BCBSTX	-
30400	Ear, Nose, and Throat	Reconstruction Of Nose	BCBSTX	-
30410	Ear, Nose, and Throat	Reconstruction Of Nose	BCBSTX	-
30420	Ear, Nose, and Throat	Reconstruction Of Nose	BCBSTX	-
30430	Ear, Nose, and Throat	Revision Of Nose	BCBSTX	-
30435	Ear, Nose, and Throat	Revision Of Nose	BCBSTX	-
30450	Ear, Nose, and Throat	Revision Of Nose	BCBSTX	-
30999	Ear, Nose, and Throat	Nasal Surgery Procedure	BCBSTX	-
31296	Ear, Nose, and Throat	Nsl/Sins Ndsc Surg Frnt Sins	BCBSTX	-
31297	Ear, Nose, and Throat	Nsl/Sins Ndsc Surg Sphn Sins	BCBSTX	-
31299	Ear, Nose, and Throat	Sinus Surgery Procedure	BCBSTX	-
69714	Ear, Nose, and Throat	Impl Oi Implt Skull Perq Esp	BCBSTX	-
69717	Ear, Nose, and Throat	Rplcmt Oi Implt Skl Prq Esp	BCBSTX	-
69930	Ear, Nose, and Throat	Implant Cochlear Device	BCBSTX	-
92633	Ear, Nose, and Throat	Aud Rehab Postling Hear Loss	BCBSTX	-
L8614	Ear, Nose, and Throat	Cochlear Device	BCBSTX	-
L8615	Ear, Nose, and Throat	Coch Implant Headset Replace	BCBSTX	-
L8616	Ear, Nose, and Throat	Coch Implant Microphone Repl	BCBSTX	-
L8617	Ear, Nose, and Throat	Coch Implant Trans Coil Repl	BCBSTX	-
L8618	Ear, Nose, and Throat	Coch Implant Tran Cable Repl	BCBSTX	-
L8619	Ear, Nose, and Throat	Coch Imp Ext Proc/Contr Rplc	BCBSTX	-
L8621	Ear, Nose, and Throat	Repl Zinc Air Battery	BCBSTX	-
L8622	Ear, Nose, and Throat	Repl Alkaline Battery	BCBSTX	-
L8623	Ear, Nose, and Throat	Lith Ion Batt Cid Non-Earlvl	BCBSTX	-
L8624	Ear, Nose, and Throat	Lith Ion Batt Cid Ear Level	BCBSTX	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

L8627	Ear, Nose, and Throat	Cid Ext Speech Process Repl	BCBSTX	—
L8628	Ear, Nose, and Throat	Cid Ext Controller Repl	BCBSTX	—
L8629	Ear, Nose, and Throat	Cid Transmit Coil And Cable	BCBSTX	—
L8690	Ear, Nose, and Throat	Aud Osseo Dev Int/Ext Comp	BCBSTX	—
L8691	Ear, Nose, and Throat	Aoi Snd Proc Repl Excl Actua	BCBSTX	—
L8693	Ear, Nose, and Throat	Aud Osseo Dev Abutment	BCBSTX	—
43647	Gastroenterology	Lap Impl Electrode Antrum	BCBSTX	—
43648	Gastroenterology	Lap Revise/Remv Eltrd Antrum	BCBSTX	—
43881	Gastroenterology	Impl/Redo Electrd Antrum	BCBSTX	—
95980	Gastroenterology	Io Anal Gast N-Stim Init	BCBSTX	—
E0765	Gastroenterology	Nerve Stimulator For Tx N&V	BCBSTX	—
81120	Molecular Genetic Lab Testing	Idh1 Common Variants	Carelon	—
81121	Molecular Genetic Lab Testing	Idh2 Common Variants	Carelon	—
81162	Molecular Genetic Lab Testing	Brca1&2 Gen Full Seq Dup/Del	Carelon	—
81163	Molecular Genetic Lab Testing	Brca1&2 Gene Full Seq Alys	Carelon	—
81164	Molecular Genetic Lab Testing	Brca1&2 Gen Ful Dup/Del Alys	Carelon	—
81165	Molecular Genetic Lab Testing	Brca1 Gene Full Seq Alys	Carelon	—
81166	Molecular Genetic Lab Testing	Brca1 Gene Full Dup/Del Alys	Carelon	—
81167	Molecular Genetic Lab Testing	Brca2 Gene Full Dup/Del Alys	Carelon	—
81168	Molecular Genetic Lab Testing	Ccnd1/Igh Translocation Alys	Carelon	—
81170	Molecular Genetic Lab Testing	Abl1 Gene	Carelon	—
81171	Molecular Genetic Lab Testing	Aff2 Gene Detc Abnor Alleles	Carelon	—
81172	Molecular Genetic Lab Testing	Aff2 Gene Charac Alleles	Carelon	—
81173	Molecular Genetic Lab Testing	Ar Gene Full Gene Sequence	Carelon	—
81174	Molecular Genetic Lab Testing	Ar Gene Known Famil Variant	Carelon	—
81175	Molecular Genetic Lab Testing	Asxl1 Full Gene Sequence	Carelon	—
81176	Molecular Genetic Lab Testing	Asxl1 Gene Target Seq Alys	Carelon	—
81177	Molecular Genetic Lab Testing	Atn1 Gene Detc Abnor Alleles	Carelon	—
81178	Molecular Genetic Lab Testing	Atxn1 Gene Detc Abnor Allele	Carelon	—
81179	Molecular Genetic Lab Testing	Atxn2 Gene Detc Abnor Allele	Carelon	—
81180	Molecular Genetic Lab Testing	Atxn3 Gene Detc Abnor Allele	Carelon	—
81181	Molecular Genetic Lab Testing	Atxn7 Gene Detc Abnor Allele	Carelon	—
81182	Molecular Genetic Lab Testing	Atxn8Os Gen Detc Abnor Allel	Carelon	—
81183	Molecular Genetic Lab Testing	Atxn10 Gene Detc Abnor Allel	Carelon	—
81184	Molecular Genetic Lab Testing	Cacna1A Gen Detc Abnor Allel	Carelon	—
81185	Molecular Genetic Lab Testing	Cacna1A Gene Full Gene Seq	Carelon	—
81186	Molecular Genetic Lab Testing	Cacna1A Gen Known Famil Vrant	Carelon	—
81187	Molecular Genetic Lab Testing	Cnbp Gene Detc Abnor Allele	Carelon	—
81188	Molecular Genetic Lab Testing	Cstb Gene Detc Abnor Allele	Carelon	—
81189	Molecular Genetic Lab Testing	Cstb Gene Full Gene Sequence	Carelon	—
81190	Molecular Genetic Lab Testing	Cstb Gene Known Famil Vrant	Carelon	—
81191	Molecular Genetic Lab Testing	Ntrk1 Translocation Analysis	Carelon	—
81192	Molecular Genetic Lab Testing	Ntrk2 Translocation Analysis	Carelon	—

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81193	Molecular Genetic Lab Testing	Ntrk3 Translocation Analysis	Carelon	—
81194	Molecular Genetic Lab Testing	Ntrk Translocation Analysis	Carelon	—
81200	Molecular Genetic Lab Testing	Aspa Gene	Carelon	—
81201	Molecular Genetic Lab Testing	Apc Gene Full Sequence	Carelon	—
81202	Molecular Genetic Lab Testing	Apc Gene Known Fam Variants	Carelon	—
81203	Molecular Genetic Lab Testing	Apc Gene Dup/Delet Variants	Carelon	—
81204	Molecular Genetic Lab Testing	Ar Gene Charac Alleles	Carelon	—
81205	Molecular Genetic Lab Testing	Bckdhh Gene	Carelon	—
81208	Molecular Genetic Lab Testing	Bcr/Abl1 Gene Other Bp	Carelon	—
81209	Molecular Genetic Lab Testing	Blm Gene	Carelon	—
81210	Molecular Genetic Lab Testing	Braf Gene	Carelon	—
81212	Molecular Genetic Lab Testing	Brca1&2 185&5385&6174 Vmnt	Carelon	—
81215	Molecular Genetic Lab Testing	Brca1 Gene Known Famil Vmnt	Carelon	—
81216	Molecular Genetic Lab Testing	Brca2 Gene Full Seq Alys	Carelon	—
81217	Molecular Genetic Lab Testing	Brca2 Gene Known Famil Vmnt	Carelon	—
81218	Molecular Genetic Lab Testing	Cebpa Gene Full Sequence	Carelon	—
81219	Molecular Genetic Lab Testing	Calr Gene Com Variants	Carelon	—
81221	Molecular Genetic Lab Testing	Cftr Gene Known Fam Variants	Carelon	—
81222	Molecular Genetic Lab Testing	Cftr Gene Dup/Delet Variants	Carelon	—
81223	Molecular Genetic Lab Testing	Cftr Gene Full Sequence	Carelon	—
81224	Molecular Genetic Lab Testing	Cftr Gene Intron Poly T	Carelon	—
81225	Molecular Genetic Lab Testing	Cyp2C19 Gene Com Variants	Carelon	—
81226	Molecular Genetic Lab Testing	Cyp2D6 Gene Com Variants	Carelon	—
81227	Molecular Genetic Lab Testing	Cyp2C9 Gene Com Variants	Carelon	—
81228	Molecular Genetic Lab Testing	Cytog Alys Chrml Abnr Cgh	Carelon	—
81229	Molecular Genetic Lab Testing	Cytog Alys Chrml Abnr Snpqgh	Carelon	—
81230	Molecular Genetic Lab Testing	Cyp3A4 Gene Common Variants	Carelon	—
81231	Molecular Genetic Lab Testing	Cyp3A5 Gene Common Variants	Carelon	—
81232	Molecular Genetic Lab Testing	Dpyd Gene Common Variants	Carelon	—
81233	Molecular Genetic Lab Testing	Btk Gene Common Variants	Carelon	—
81234	Molecular Genetic Lab Testing	Dmpk Gene Detc Abnor Allele	Carelon	—
81235	Molecular Genetic Lab Testing	Egfr Gene Com Variants	Carelon	—
81236	Molecular Genetic Lab Testing	Ezh2 Gene Full Gene Sequence	Carelon	—
81237	Molecular Genetic Lab Testing	Ezh2 Gene Common Variants	Carelon	—
81238	Molecular Genetic Lab Testing	F9 Full Gene Sequence	Carelon	—
81239	Molecular Genetic Lab Testing	Dmpk Gene Charac Alleles	Carelon	—
81240	Molecular Genetic Lab Testing	F2 Gene	Carelon	—
81242	Molecular Genetic Lab Testing	Fancc Gene	Carelon	—
81244	Molecular Genetic Lab Testing	Fmr1 Gene Charac Alleles	Carelon	—
81245	Molecular Genetic Lab Testing	Flt3 Gene	Carelon	—
81246	Molecular Genetic Lab Testing	Flt3 Gene Analysis	Carelon	—
81247	Molecular Genetic Lab Testing	G6Pd Gene Alys Cmn Variant	Carelon	—
81248	Molecular Genetic Lab Testing	G6Pd Known Familial Variant	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

81249	Molecular Genetic Lab Testing	G6Pd Full Gene Sequence	Carelon	_
81250	Molecular Genetic Lab Testing	G6Pc Gene	Carelon	_
81251	Molecular Genetic Lab Testing	Gba Gene	Carelon	_
81252	Molecular Genetic Lab Testing	Gjb2 Gene Full Sequence	Carelon	_
81253	Molecular Genetic Lab Testing	Gjb2 Gene Known Fam Variants	Carelon	_
81254	Molecular Genetic Lab Testing	Gjb6 Gene Com Variants	Carelon	_
81255	Molecular Genetic Lab Testing	Hexa Gene	Carelon	_
81256	Molecular Genetic Lab Testing	Hfe Gene	Carelon	_
81257	Molecular Genetic Lab Testing	Hba1/Hba2 Gene	Carelon	_
81258	Molecular Genetic Lab Testing	Hba1/Hba2 Gene Fam Vmnt	Carelon	_
81259	Molecular Genetic Lab Testing	Hba1/Hba2 Full Gene Sequence	Carelon	_
81260	Molecular Genetic Lab Testing	Ikkap Gene	Carelon	_
81261	Molecular Genetic Lab Testing	Igh Gene Rearrange Amp Meth	Carelon	_
81262	Molecular Genetic Lab Testing	Igh Gene Rearrang Dir Probe	Carelon	_
81263	Molecular Genetic Lab Testing	Igh Vari Regional Mutation	Carelon	_
81264	Molecular Genetic Lab Testing	Igk Rearrangeabn Clonal Pop	Carelon	_
81265	Molecular Genetic Lab Testing	Str Markers Specimen Anal	Carelon	_
81266	Molecular Genetic Lab Testing	Str Markers Spec Anal Addl	Carelon	_
81269	Molecular Genetic Lab Testing	Hba1/Hba2 Gene Dup/Del Vmnts	Carelon	_
81270	Molecular Genetic Lab Testing	Jak2 Gene	Carelon	_
81271	Molecular Genetic Lab Testing	Htt Gene Detc Abnor Alleles	Carelon	_
81272	Molecular Genetic Lab Testing	Kit Gene Targeted Seq Analys	Carelon	_
81273	Molecular Genetic Lab Testing	Kit Gene Analys D816 Variant	Carelon	_
81274	Molecular Genetic Lab Testing	Htt Gene Charac Alleles	Carelon	_
81275	Molecular Genetic Lab Testing	Kras Gene Variants Exon 2	Carelon	_
81276	Molecular Genetic Lab Testing	Kras Gene Addl Variants	Carelon	_
81277	Molecular Genetic Lab Testing	Cytogenomic Neo Microra Alys	Carelon	_
81278	Molecular Genetic Lab Testing	Igh@/Bcl2 Translocation Alys	Carelon	_
81279	Molecular Genetic Lab Testing	Jak2 Gene Trgt Sequence Alys	Carelon	_
81283	Molecular Genetic Lab Testing	IfnI3 Gene	Carelon	_
81284	Molecular Genetic Lab Testing	Fxn Gene Detc Abnor Alleles	Carelon	_
81285	Molecular Genetic Lab Testing	Fxn Gene Charac Alleles	Carelon	_
81286	Molecular Genetic Lab Testing	Fxn Gene Full Gene Sequence	Carelon	_
81287	Molecular Genetic Lab Testing	Mgmt Gene Prmtr Mthyltn Alys	Carelon	_
81288	Molecular Genetic Lab Testing	Mlh1 Gene	Carelon	_
81289	Molecular Genetic Lab Testing	Fxn Gene Known Famil Variant	Carelon	_
81290	Molecular Genetic Lab Testing	Mcoln1 Gene	Carelon	_
81291	Molecular Genetic Lab Testing	Mthfr Gene	Carelon	_
81292	Molecular Genetic Lab Testing	Mlh1 Gene Full Seq	Carelon	_
81293	Molecular Genetic Lab Testing	Mlh1 Gene Known Variants	Carelon	_
81294	Molecular Genetic Lab Testing	Mlh1 Gene Dup/Delete Variant	Carelon	_
81295	Molecular Genetic Lab Testing	Msh2 Gene Full Seq	Carelon	_
81296	Molecular Genetic Lab Testing	Msh2 Gene Known Variants	Carelon	_

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2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

81297	Molecular Genetic Lab Testing	Msh2 Gene Dup/Delete Variant	Carelon	—
81298	Molecular Genetic Lab Testing	Msh6 Gene Full Seq	Carelon	—
81299	Molecular Genetic Lab Testing	Msh6 Gene Known Variants	Carelon	—
81300	Molecular Genetic Lab Testing	Msh6 Gene Dup/Delete Variant	Carelon	—
81301	Molecular Genetic Lab Testing	Microsatellite Instability	Carelon	—
81302	Molecular Genetic Lab Testing	Mecp2 Gene Full Seq	Carelon	—
81303	Molecular Genetic Lab Testing	Mecp2 Gene Known Variant	Carelon	—
81304	Molecular Genetic Lab Testing	Mecp2 Gene Dup/Delet Variant	Carelon	—
81305	Molecular Genetic Lab Testing	Myd88 Gene P.Leu265Pro Vrant	Carelon	—
81306	Molecular Genetic Lab Testing	Nudt15 Gene Common Variants	Carelon	—
81307	Molecular Genetic Lab Testing	Palb2 Gene Full Gene Seq	Carelon	—
81308	Molecular Genetic Lab Testing	Palb2 Gene Known Famil Vrant	Carelon	—
81309	Molecular Genetic Lab Testing	Pik3Ca Gene Trgt Seq Alys	Carelon	—
81310	Molecular Genetic Lab Testing	Npm1 Gene	Carelon	—
81311	Molecular Genetic Lab Testing	Nras Gene Variants Exon 2&3	Carelon	—
81312	Molecular Genetic Lab Testing	Pabpn1 Gene Detc Abnor Allel	Carelon	—
81313	Molecular Genetic Lab Testing	Pca3/Klk3 Antigen	Carelon	—
81314	Molecular Genetic Lab Testing	Pdgfra Gene	Carelon	—
81315	Molecular Genetic Lab Testing	Pml/Raralpha Com Breakpoints	Carelon	—
81316	Molecular Genetic Lab Testing	Pml/Raralpha 1 Breakpoint	Carelon	—
81317	Molecular Genetic Lab Testing	Pms2 Gene Full Seq Analysis	Carelon	—
81318	Molecular Genetic Lab Testing	Pms2 Known Familial Variants	Carelon	—
81319	Molecular Genetic Lab Testing	Pms2 Gene Dup/Delet Variants	Carelon	—
81320	Molecular Genetic Lab Testing	Plcg2 Gene Common Variants	Carelon	—
81321	Molecular Genetic Lab Testing	Pten Gene Full Sequence	Carelon	—
81322	Molecular Genetic Lab Testing	Pten Gene Known Fam Variant	Carelon	—
81323	Molecular Genetic Lab Testing	Pten Gene Dup/Delet Variant	Carelon	—
81324	Molecular Genetic Lab Testing	Pmp22 Gene Dup/Delet	Carelon	—
81325	Molecular Genetic Lab Testing	Pmp22 Gene Full Sequence	Carelon	—
81326	Molecular Genetic Lab Testing	Pmp22 Gene Known Fam Variant	Carelon	—
81327	Molecular Genetic Lab Testing	Sept9 Gen Prmtr Mthyltn Alys	Carelon	—
81328	Molecular Genetic Lab Testing	Slco1B1 Gene Com Variants	Carelon	—
81330	Molecular Genetic Lab Testing	Smpd1 Gene Common Variants	Carelon	—
81331	Molecular Genetic Lab Testing	Snrpn/Ube3A Gene	Carelon	—
81332	Molecular Genetic Lab Testing	Serpina1 Gene	Carelon	—
81333	Molecular Genetic Lab Testing	Tgfbi Gene Common Variants	Carelon	—
81334	Molecular Genetic Lab Testing	Runx1 Gene Targeted Seq Alys	Carelon	—
81335	Molecular Genetic Lab Testing	Tpmt Gene Com Variants	Carelon	—
81336	Molecular Genetic Lab Testing	Smn1 Gene Full Gene Sequence	Carelon	—
81337	Molecular Genetic Lab Testing	Smn1 Gen Nown Famil Seq Vrant	Carelon	—
81338	Molecular Genetic Lab Testing	Mpl Gene Common Variants	Carelon	—
81339	Molecular Genetic Lab Testing	Mpl Gene Seq Alys Exon 10	Carelon	—
81340	Molecular Genetic Lab Testing	Trb@ Gene Rearrange Amplify	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

81341	Molecular Genetic Lab Testing	Trb@ Gene Rearrange Dirprobe	Carelon	—
81342	Molecular Genetic Lab Testing	Trg Gene Rearrangement Anal	Carelon	—
81343	Molecular Genetic Lab Testing	Ppp2R2B Gen Detc Abnor Allel	Carelon	—
81344	Molecular Genetic Lab Testing	Tbp Gene Detc Abnor Alleles	Carelon	—
81345	Molecular Genetic Lab Testing	Tert Gene Targeted Seq Alys	Carelon	—
81346	Molecular Genetic Lab Testing	Tyms Gene Com Variants	Carelon	—
81347	Molecular Genetic Lab Testing	Sf3B1 Gene Common Variants	Carelon	—
81348	Molecular Genetic Lab Testing	Srsf2 Gene Common Variants	Carelon	—
81349	Molecular Genetic Lab Testing	Cytog Alys Chrml Abnr Lw-Ps	Carelon	—
81350	Molecular Genetic Lab Testing	Ugt1A1 Gene Common Variants	Carelon	—
81351	Molecular Genetic Lab Testing	Tp53 Gene Full Gene Sequence	Carelon	—
81352	Molecular Genetic Lab Testing	Tp53 Gene Trgt Sequence Alys	Carelon	—
81353	Molecular Genetic Lab Testing	Tp53 Gene Known Famil Vrnt	Carelon	—
81355	Molecular Genetic Lab Testing	Vkorc1 Gene	Carelon	—
81357	Molecular Genetic Lab Testing	U2Af1 Gene Common Variants	Carelon	—
81360	Molecular Genetic Lab Testing	Zrsr2 Gene Common Variants	Carelon	—
81361	Molecular Genetic Lab Testing	Hbb Gene Com Variants	Carelon	—
81362	Molecular Genetic Lab Testing	Hbb Gene Known Fam Variant	Carelon	—
81363	Molecular Genetic Lab Testing	Hbb Gene Dup/Del Variants	Carelon	—
81364	Molecular Genetic Lab Testing	Hbb Full Gene Sequence	Carelon	—
81400	Molecular Genetic Lab Testing	Mopath Procedure Level 1	Carelon	—
81401	Molecular Genetic Lab Testing	Mopath Procedure Level 2	Carelon	—
81402	Molecular Genetic Lab Testing	Mopath Procedure Level 3	Carelon	—
81403	Molecular Genetic Lab Testing	Mopath Procedure Level 4	Carelon	—
81404	Molecular Genetic Lab Testing	Mopath Procedure Level 5	Carelon	—
81405	Molecular Genetic Lab Testing	Mopath Procedure Level 6	Carelon	—
81406	Molecular Genetic Lab Testing	Mopath Procedure Level 7	Carelon	—
81407	Molecular Genetic Lab Testing	Mopath Procedure Level 8	Carelon	—
81408	Molecular Genetic Lab Testing	Mopath Procedure Level 9	Carelon	—
81410	Molecular Genetic Lab Testing	Aortic Dysfunction/Dilation	Carelon	—
81411	Molecular Genetic Lab Testing	Aortic Dysfunction/Dilation	Carelon	—
81412	Molecular Genetic Lab Testing	Ashkenazi Jewish Assoc Dis	Carelon	—
81413	Molecular Genetic Lab Testing	Car Ion Chnnlpath Inc 10 Gns	Carelon	—
81414	Molecular Genetic Lab Testing	Car Ion Chnnlpath Inc 2 Gns	Carelon	—
81415	Molecular Genetic Lab Testing	Exome Sequence Analysis	Carelon	—
81416	Molecular Genetic Lab Testing	Exome Sequence Analysis	Carelon	—
81417	Molecular Genetic Lab Testing	Exome Re-Evaluation	Carelon	—
81418	Molecular Genetic Lab Testing	Rx Metab Gen Seq Alys Pnl 6	Carelon	Add Effective 07/01/2023
81419	Molecular Genetic Lab Testing	Epilepsy Gen Seq Alys Panel	Carelon	—
81422	Molecular Genetic Lab Testing	Fetal Chrmmoml Microdeltj	Carelon	—
81425	Molecular Genetic Lab Testing	Genome Sequence Analysis	Carelon	—
81426	Molecular Genetic Lab Testing	Genome Sequence Analysis	Carelon	—
81427	Molecular Genetic Lab Testing	Genome Re-Evaluation	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

81430	Molecular Genetic Lab Testing	Hearing Loss Sequence Analys	Carelon	—
81431	Molecular Genetic Lab Testing	Hearing Loss Dup/Del Analys	Carelon	—
81432	Molecular Genetic Lab Testing	Hrdtry Brst Ca-Rlatd Dsordrs	Carelon	—
81433	Molecular Genetic Lab Testing	Hrdtry Brst Ca-Rlatd Dsordrs	Carelon	—
81434	Molecular Genetic Lab Testing	Hereditary Retinal Disorders	Carelon	—
81435	Molecular Genetic Lab Testing	Hereditary Colon Ca Dsordrs	Carelon	—
81436	Molecular Genetic Lab Testing	Hereditary Colon Ca Dsordrs	Carelon	—
81437	Molecular Genetic Lab Testing	Heredtry Nurondcrn Tum Dsrdr	Carelon	—
81438	Molecular Genetic Lab Testing	Heredtry Nurondcrn Tum Dsrdr	Carelon	—
81439	Molecular Genetic Lab Testing	Hrdtry Cardmypy Gene Panel	Carelon	—
81440	Molecular Genetic Lab Testing	Mitochondrial Gene	Carelon	—
81441	Molecular Genetic Lab Testing	Ibmfs Seq Alys Pnl 30 Genes	Carelon	Add Effective 07/01/2023
81442	Molecular Genetic Lab Testing	Noonan Spectrum Disorders	Carelon	—
81443	Molecular Genetic Lab Testing	Genetic Tstg Severe Inh Cond	Carelon	—
81445	Molecular Genetic Lab Testing	Tgsap So Neo 5-50Dna/Dna&Rna	Carelon	—
81448	Molecular Genetic Lab Testing	Hrdtry Perph Neurphy Panel	Carelon	—
81449	Molecular Genetic Lab Testing	Tgsap So Neo 5-50 Rna Alys	Carelon	Add Effective 07/01/2023
81450	Molecular Genetic Lab Testing	Tgsap HI Neo 5-50Dna/Dna&Rna	Carelon	—
81451	Molecular Genetic Lab Testing	Tgsap HI Neo 5-50 Rna Alys	Carelon	Add Effective 07/01/2023
81455	Molecular Genetic Lab Testing	Tgsap So/HI 51/< Dna/Dna&Rna	Carelon	—
81456	Molecular Genetic Lab Testing	Tgsap So/HI 51/< Rna Alys	Carelon	Add Effective 07/01/2023
81460	Molecular Genetic Lab Testing	Whole Mitochondrial Genome	Carelon	—
81465	Molecular Genetic Lab Testing	Whole Mitochondrial Genome	Carelon	—
81470	Molecular Genetic Lab Testing	X-Linked Intellectual DbIt	Carelon	—
81471	Molecular Genetic Lab Testing	X-Linked Intellectual DbIt	Carelon	—
81479	Molecular Genetic Lab Testing	Unlisted Molecular Pathology	Carelon	—
81493	Molecular Genetic Lab Testing	Cor Artery Disease Mrna	Carelon	—
81504	Molecular Genetic Lab Testing	Oncology Tissue Of Origin	Carelon	—
81518	Molecular Genetic Lab Testing	Onc Brst Mrna 11 Genes	Carelon	—
81519	Molecular Genetic Lab Testing	Oncology Breast Mrna	Carelon	—
81520	Molecular Genetic Lab Testing	Onc Breast Mrna 58 Genes	Carelon	—
81521	Molecular Genetic Lab Testing	Onc Breast Mrna 70 Genes	Carelon	—
81522	Molecular Genetic Lab Testing	Onc Breast Mrna 12 Genes	Carelon	—
81523	Molecular Genetic Lab Testing	Onc Brst Mrna 70 Cnt 31 Gene	Carelon	—
81525	Molecular Genetic Lab Testing	Oncology Colon Mrna	Carelon	—
81529	Molecular Genetic Lab Testing	Onc Cutan Mlnma Mrna 31 Gene	Carelon	—
81540	Molecular Genetic Lab Testing	Oncology Tum Unknown Origin	Carelon	—
81541	Molecular Genetic Lab Testing	Onc Prostate Mrna 46 Genes	Carelon	—
81542	Molecular Genetic Lab Testing	Onc Prostate Mrna 22 Cnt Gen	Carelon	—
81546	Molecular Genetic Lab Testing	Onc Thyr Mrna 10 196 Gen Alg	Carelon	—
81551	Molecular Genetic Lab Testing	Onc Prostate 3 Genes	Carelon	—
81552	Molecular Genetic Lab Testing	Onc Uveal Mlnma Mrna 15 Gene	Carelon	—
81554	Molecular Genetic Lab Testing	Pulm Ds Ipf Mrna 190 Gen Alg	Carelon	—

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2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

81595	Molecular Genetic Lab Testing	Cardiology Hrt TrnspI Mrna	Carelon	—
0001U	Molecular Genetic Lab Testing	Rbc Dna Hea 35 Ag 11 Bld Grp	Carelon	—
0004M	Molecular Genetic Lab Testing	Scoliosis Dna Alys	Carelon	—
0005U	Molecular Genetic Lab Testing	Onco Prst8 3 Gene Ur Alg	Carelon	—
0006M	Molecular Genetic Lab Testing	Onc Hep Gene Risk Classifier	Carelon	—
0007M	Molecular Genetic Lab Testing	Onc Gastro 51 Gene Nomogram	Carelon	—
0011M	Molecular Genetic Lab Testing	Onc Prst8 Ca Mrna 12 Gen Alg	Carelon	—
0012M	Molecular Genetic Lab Testing	Onc Mrna 5 Gen Rsk Urthl Ca	Carelon	—
0012U	Molecular Genetic Lab Testing	Germln Do Gene Reargmt Detcj	Carelon	Code Termed Effective 1/1/2023
0013M	Molecular Genetic Lab Testing	Onc Mrna 5 Gen Recr Urthl Ca	Carelon	—
0013U	Molecular Genetic Lab Testing	Onc Sld Org Neo Gene Reargmt	Carelon	Code Termed Effective 1/1/2023
0014U	Molecular Genetic Lab Testing	Hem Hmtlmf Neo Gene Reargmt	Carelon	Code Termed Effective 1/1/2023
0016M	Molecular Genetic Lab Testing	Onc Bladder Mrna 219 Gen Alg	Carelon	—
0016U	Molecular Genetic Lab Testing	Onc Hmtlmf Neo Rna Bcr/Abl1	Carelon	—
0017M	Molecular Genetic Lab Testing	Onc Dlbcl Mrna 20 Genes Alg	Carelon	—
0017U	Molecular Genetic Lab Testing	Onc Hmtlmf Neo Jak2 Mut Dna	Carelon	—
0018U	Molecular Genetic Lab Testing	Onc Thyr 10 Microna Seq Alg	Carelon	—
0019U	Molecular Genetic Lab Testing	Onc Rna Tiss Predict Alg	Carelon	—
0022U	Molecular Genetic Lab Testing	Tgsap Nsm Lung Neo Dna&Rna23	Carelon	—
0023U	Molecular Genetic Lab Testing	Onc Aml Dna Detcj/Nondetcj	Carelon	—
0026U	Molecular Genetic Lab Testing	Onc Thyr Dna&Mrna 112 Genes	Carelon	—
0027U	Molecular Genetic Lab Testing	Jak2 Gene Trgt Seq Alys	Carelon	—
0029U	Molecular Genetic Lab Testing	Rx Metab Advrs Trgt Seq Alys	Carelon	—
0030U	Molecular Genetic Lab Testing	Rx Metab Warf Trgt Seq Alys	Carelon	—
0031U	Molecular Genetic Lab Testing	Cyp1A2 Gene	Carelon	—
0032U	Molecular Genetic Lab Testing	Comt Gene	Carelon	—
0033U	Molecular Genetic Lab Testing	Htr2A Htr2C Genes	Carelon	—
0034U	Molecular Genetic Lab Testing	Tpmt Nudt15 Genes	Carelon	—
0036U	Molecular Genetic Lab Testing	Xome Tum & Nml Spec Seq Alys	Carelon	—
0037U	Molecular Genetic Lab Testing	Trgt Gen Seq Dna 324 Genes	Carelon	—
0040U	Molecular Genetic Lab Testing	Bcr/Abl1 Gene Major Bp Quan	Carelon	—
0045U	Molecular Genetic Lab Testing	Onc Brst Dux Carc Is 12 Gene	Carelon	—
0046U	Molecular Genetic Lab Testing	Flt3 Gene ltd Variants Quan	Carelon	—
0047U	Molecular Genetic Lab Testing	Onc Prst8 Mrna 17 Gene Alg	Carelon	—
0048U	Molecular Genetic Lab Testing	Onc Sld Org Neo Dna 468 Gene	Carelon	—
0049U	Molecular Genetic Lab Testing	Npm1 Gene Analysis Quan	Carelon	—
0050U	Molecular Genetic Lab Testing	Trgt Gen Seq Dna 194 Genes	Carelon	—
0055U	Molecular Genetic Lab Testing	Card Hrt TrnspI 96 Dna Seq	Carelon	—
0056U	Molecular Genetic Lab Testing	Hem Aml Dna Gene Reargmt	Carelon	Code Termed Effective 1/1/2023
0060U	Molecular Genetic Lab Testing	Twn Zyg Gen Seq Alys Chrms2	Carelon	—
0069U	Molecular Genetic Lab Testing	Onc Clrct Microna Mir-31-3P	Carelon	—
0070U	Molecular Genetic Lab Testing	Cyp2D6 Gen Com&Slct Rar Vrnt	Carelon	—
0071U	Molecular Genetic Lab Testing	Cyp2D6 Full Gene Sequence	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

0072U	Molecular Genetic Lab Testing	Cyp2D6 Gen Cyp2D6-2D7 Hybrid	Carelon	—
0073U	Molecular Genetic Lab Testing	Cyp2D6 Gen Cyp2D7-2D6 Hybrid	Carelon	—
0074U	Molecular Genetic Lab Testing	Cyp2D6 Nonduplicated Gene	Carelon	—
0075U	Molecular Genetic Lab Testing	Cyp2D6 5' Gene Dup/Mlt	Carelon	—
0076U	Molecular Genetic Lab Testing	Cyp2D6 3' Gene Dup/Mlt	Carelon	—
0078U	Molecular Genetic Lab Testing	Pain Mgt Opi Use Gnotyp Pnl	Carelon	—
0079U	Molecular Genetic Lab Testing	Cmprtv Dna Alys Mlt Snps	Carelon	—
0087U	Molecular Genetic Lab Testing	Crđ Hrt Trnspl Mrna 1283 Gen	Carelon	—
0088U	Molecular Genetic Lab Testing	Trnsplj Kdn Algrft Rej 1494	Carelon	—
0089U	Molecular Genetic Lab Testing	Onc Mlnma Prame & Linc00518	Carelon	—
0090U	Molecular Genetic Lab Testing	Onc Cutan Mlnma Mrna 23 Gene	Carelon	—
0094U	Molecular Genetic Lab Testing	Genome Rapid Sequence Alys	Carelon	—
0101U	Molecular Genetic Lab Testing	Hered Colon Ca Do 15 Genes	Carelon	—
0102U	Molecular Genetic Lab Testing	Hered Brst Ca Rltd Do 17 Gen	Carelon	—
0103U	Molecular Genetic Lab Testing	Hered Ova Ca Pnl 24 Genes	Carelon	—
0111U	Molecular Genetic Lab Testing	Onc Colon Ca Kras&Nras Alys	Carelon	—
0113U	Molecular Genetic Lab Testing	Onc Prst8 Pca3&Tmprss2-Erg	Carelon	—
0114U	Molecular Genetic Lab Testing	Gi Barretts Esoph Vim&Ccna1	Carelon	—
0118U	Molecular Genetic Lab Testing	Trnsplj Don-Drv Cll-Fr Dna	Carelon	—
0120U	Molecular Genetic Lab Testing	Onc B Cll Lymphm Mrna 58 Gen	Carelon	—
0129U	Molecular Genetic Lab Testing	Hered Brst Ca Rltd Do Panel	Carelon	—
0130U	Molecular Genetic Lab Testing	Hered Colon Ca Do Mrna Pnl	Carelon	—
0131U	Molecular Genetic Lab Testing	Hered Brst Ca Rltd Do Pnl 13	Carelon	—
0132U	Molecular Genetic Lab Testing	Hered Ova Ca Rltd Do Pnl 17	Carelon	—
0133U	Molecular Genetic Lab Testing	Hered Prst8 Ca Rltd Do 11	Carelon	—
0134U	Molecular Genetic Lab Testing	Hered Pan Ca Mrna Pnl 18 Gen	Carelon	—
0135U	Molecular Genetic Lab Testing	Hered Gyn Ca Mrna Pnl 12 Gen	Carelon	—
0136U	Molecular Genetic Lab Testing	Atm Mrna Seq Alys	Carelon	—
0137U	Molecular Genetic Lab Testing	Palb2 Mrna Seq Alys	Carelon	—
0138U	Molecular Genetic Lab Testing	Brca1 Brca2 Mrna Seq Alys	Carelon	—
0153U	Molecular Genetic Lab Testing	Onc Breast Mrna 101 Genes	Carelon	—
0154U	Molecular Genetic Lab Testing	Onc Urthl Ca Rna Fgfr3 Gene	Carelon	—
0155U	Molecular Genetic Lab Testing	Onc Brst Ca Dna Pik3Ca Gene	Carelon	—
0156U	Molecular Genetic Lab Testing	Copy Number Sequence Alys	Carelon	—
0157U	Molecular Genetic Lab Testing	Apc Mrna Seq Alys	Carelon	—
0158U	Molecular Genetic Lab Testing	Mlh1 Mrna Seq Alys	Carelon	—
0159U	Molecular Genetic Lab Testing	Msh2 Mrna Seq Alys	Carelon	—
0160U	Molecular Genetic Lab Testing	Msh6 Mrna Seq Alys	Carelon	—
0161U	Molecular Genetic Lab Testing	Pms2 Mrna Seq Alys	Carelon	—
0162U	Molecular Genetic Lab Testing	Hered Colon Ca Trgt Mrna Pnl	Carelon	—
0169U	Molecular Genetic Lab Testing	Nudt15&Tpmt Gene Com Vrnt	Carelon	—
0170U	Molecular Genetic Lab Testing	Neuro Asd Rna Next Gen Seq	Carelon	—
0171U	Molecular Genetic Lab Testing	Trgt Gen Seq Alys Pnl Dna 23	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

0203U	Molecular Genetic Lab Testing	Ai Ibd Mrna Xprsn Prfl 17	Carelon	_
0204U	Molecular Genetic Lab Testing	Onc Thyr Mrna Xprsn Alys 593	Carelon	_
0205U	Molecular Genetic Lab Testing	Oph Amd Alys 3 Gene Variants	Carelon	_
0209U	Molecular Genetic Lab Testing	Cytog Const Alys Interrog	Carelon	_
0211U	Molecular Genetic Lab Testing	Onc Pan-Tum Dna&Rna Gnrj Seq	Carelon	_
0212U	Molecular Genetic Lab Testing	Rare Ds Gen Dna Alys Proband	Carelon	_
0213U	Molecular Genetic Lab Testing	Rare Ds Gen Dna Alys Ea Comp	Carelon	_
0214U	Molecular Genetic Lab Testing	Rare Ds Xom Dna Alys Proband	Carelon	_
0215U	Molecular Genetic Lab Testing	Rare Ds Xom Dna Alys Ea Comp	Carelon	_
0216U	Molecular Genetic Lab Testing	Neuro Inh Ataxia Dna 12 Com	Carelon	_
0217U	Molecular Genetic Lab Testing	Neuro Inh Ataxia Dna 51 Gene	Carelon	_
0218U	Molecular Genetic Lab Testing	Neuro Musc Dys Dmd Seq Alys	Carelon	_
0228U	Molecular Genetic Lab Testing	Onc Prst8 Ma Molec Prfl Alg	Carelon	_
0229U	Molecular Genetic Lab Testing	Bcat1&lkzf1 Prmtr Mthln Alys	Carelon	_
0230U	Molecular Genetic Lab Testing	Ar Full Sequence Analysis	Carelon	_
0231U	Molecular Genetic Lab Testing	Cacna1A Full Gene Analysis	Carelon	_
0232U	Molecular Genetic Lab Testing	Cstb Full Gene Analysis	Carelon	_
0233U	Molecular Genetic Lab Testing	Fxn Gene Analysis	Carelon	_
0234U	Molecular Genetic Lab Testing	Mecp2 Full Gene Analysis	Carelon	_
0235U	Molecular Genetic Lab Testing	Pten Full Gene Analysis	Carelon	_
0236U	Molecular Genetic Lab Testing	Smn1&Smn2 Full Gene Analysis	Carelon	_
0237U	Molecular Genetic Lab Testing	Car Ion Chnlpthy Gen Seq Pnl	Carelon	_
0238U	Molecular Genetic Lab Testing	Onc Lnch Syn Gen Dna Seq Aly	Carelon	_
0239U	Molecular Genetic Lab Testing	Trgt Gen Seq Alys Pnl 311+	Carelon	_
0242U	Molecular Genetic Lab Testing	Trgt Gen Seq Alys Pnl 55-74	Carelon	_
0244U	Molecular Genetic Lab Testing	Onc Solid Orgn Dna 257 Genes	Carelon	_
0245U	Molecular Genetic Lab Testing	Onc Thyr Mut Alys 10 Gen&37	Carelon	_
0250U	Molecular Genetic Lab Testing	Onc Sld Org Neo Dna 505 Gene	Carelon	_
0252U	Molecular Genetic Lab Testing	Ftl Aneuploidy Str Alys Dna	Carelon	_
0253U	Molecular Genetic Lab Testing	Rprdtve Med Rna Gen Prfl 238	Carelon	_
0254U	Molecular Genetic Lab Testing	Reprdtve Med Alys 24 Chrsm	Carelon	_
0258U	Molecular Genetic Lab Testing	Ai Psor Mrna 50-100 Gen Alg	Carelon	_
0260U	Molecular Genetic Lab Testing	Rare Ds Id Opt Genome Mapg	Carelon	_
0262U	Molecular Genetic Lab Testing	Onc Sld Tum Rt-Pcr 7 Gen	Carelon	_
0264U	Molecular Genetic Lab Testing	Rare Ds Id Opt Genome Mapg	Carelon	_
0265U	Molecular Genetic Lab Testing	Rar Do Whl Gn&Mtcdr1 Dna Als	Carelon	_
0266U	Molecular Genetic Lab Testing	Unxpl Cnst Hrtbl Do Gn Xprs	Carelon	_
0267U	Molecular Genetic Lab Testing	Rare Do Id Opt Gen Mapg&Seq	Carelon	_
0268U	Molecular Genetic Lab Testing	Hem Ahus Gen Seq Alys 15 Gen	Carelon	_
0269U	Molecular Genetic Lab Testing	Hem Aut Dm Cgen Trmbctpna 22	Carelon	_
0270U	Molecular Genetic Lab Testing	Hem Cgen Coagj Do 20 Genes	Carelon	_
0271U	Molecular Genetic Lab Testing	Hem Cgen Neutropenia 24 Gen	Carelon	_
0272U	Molecular Genetic Lab Testing	Hem Genetic Bld Do 60 Genes	Carelon	_

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

0273U	Molecular Genetic Lab Testing	Hem Gen Hyprfibrnllysis 8 Gen	Carelon	—
0274U	Molecular Genetic Lab Testing	Hem Gen Pltlt Do 62 Genes	Carelon	—
0276U	Molecular Genetic Lab Testing	Hem Inh Thrombocytopenia 42	Carelon	—
0277U	Molecular Genetic Lab Testing	Hem Gen Pltlt Funcj Do 40	Carelon	—
0278U	Molecular Genetic Lab Testing	Hem Gen Thrombosis 14 Genes	Carelon	—
0285U	Molecular Genetic Lab Testing	Onc RspS Radj Cll Fr Dna Tox	Carelon	—
0286U	Molecular Genetic Lab Testing	Cep72 Nudt15&Tpm1 Gene Alys	Carelon	—
0287U	Molecular Genetic Lab Testing	Onc Thy Dna&Mrna 112 Genes	Carelon	—
0288U	Molecular Genetic Lab Testing	Onc Lung Mrna Quan Pcr 11&3	Carelon	—
0289U	Molecular Genetic Lab Testing	Neuro Alzheimer Mrna 24 Gen	Carelon	—
0290U	Molecular Genetic Lab Testing	Pain Mgmt Mrna Gen Xprsn 36	Carelon	—
0291U	Molecular Genetic Lab Testing	Psyc Mood Do Mrna 144 Genes	Carelon	—
0292U	Molecular Genetic Lab Testing	Psyc Strs Do Mrna 72 Genes	Carelon	—
0293U	Molecular Genetic Lab Testing	Psyc Suicidal Idea Mrna 54	Carelon	—
0294U	Molecular Genetic Lab Testing	Lngvty&Mrtlty Rsk Mrna 18Gen	Carelon	—
0296U	Molecular Genetic Lab Testing	Onc Orl&/Orop Ca 20 Mlc Feat	Carelon	—
0297U	Molecular Genetic Lab Testing	Onc Pan Tum Whl Gen Seq Dna	Carelon	—
0298U	Molecular Genetic Lab Testing	Onc Pan Tum Whl Trns Seq Rna	Carelon	—
0299U	Molecular Genetic Lab Testing	Onc Pan Tum Whl Gen Opt Mapg	Carelon	—
0300U	Molecular Genetic Lab Testing	Onc Pan Tum Whl Gen Seq&Opt	Carelon	—
0306U	Molecular Genetic Lab Testing	Onc Mrd Nxt-Gnrj Alys 1St	Carelon	—
0307U	Molecular Genetic Lab Testing	Onc Mrd Nxt-Gnrj Alys Sbsq	Carelon	—
0313U	Molecular Genetic Lab Testing	Onc Pncrs Dnaandmrna Seq 74	Carelon	—
0314U	Molecular Genetic Lab Testing	Onc Cutan Mlnma Mrna 35 Gene	Carelon	—
0315U	Molecular Genetic Lab Testing	Onc Cutan Sq Cll Ca Mrna 40	Carelon	—
0317U	Molecular Genetic Lab Testing	Onc Lung Ca 4-Prb Fish Assay	Carelon	—
0318U	Molecular Genetic Lab Testing	Ped Whl Gen Mthyltn Alys 50+	Carelon	—
0319U	Molecular Genetic Lab Testing	Neph Rna Pretrnspl Perph Bld	Carelon	—
0320U	Molecular Genetic Lab Testing	Neph Rna Psttrnspl Perph Bld	Carelon	—
0326U	Molecular Genetic Lab Testing	Trgt Gen Seq Alys Pnl 83+	Carelon	—
0327U	Molecular Genetic Lab Testing	Ftl Aneuploidy TrsmY Dna Seq	Carelon	—
0329U	Molecular Genetic Lab Testing	Onc Neo Xomeandtrns Seq Alys	Carelon	—
0331U	Molecular Genetic Lab Testing	Onc Hl Neo Opt Gen Mapping	Carelon	—
0332U	Molecular Genetic Lab Testing	Onc Pan Tum Gen Prflg 8 Dna	Carelon	Add Effective 07/01/2023
0333U	Molecular Genetic Lab Testing	Onc Lvr Surveilanc Hcc Cfdna	Carelon	Add Effective 07/01/2023
0334U	Molecular Genetic Lab Testing	Onc Sld Orgn Tgsa Dna 84/+	Carelon	Add Effective 07/01/2023
0335U	Molecular Genetic Lab Testing	Rare Ds Whl Gen Seq Fetal	Carelon	Add Effective 07/01/2023
0336U	Molecular Genetic Lab Testing	Rare Ds Whl Gen Seq Bld/Slv	Carelon	Add Effective 07/01/2023
0339U	Molecular Genetic Lab Testing	Onc Prst8 Mrna Hoxc6 And Dlx1	Carelon	Add Effective 07/01/2023
0340U	Molecular Genetic Lab Testing	Onc Pan Ca Alys Mrd Plasma	Carelon	Add Effective 07/01/2023
0341U	Molecular Genetic Lab Testing	Ftl Aneup Dna Seq Cmpr Alys	Carelon	Add Effective 07/01/2023
0343U	Molecular Genetic Lab Testing	Onc Prst8 Xom Aly 442 Sncrna	Carelon	Add Effective 07/01/2023
0345U	Molecular Genetic Lab Testing	Psyc Genom Alys Pnl 15 Gen	Carelon	Add Effective 07/01/2023

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

0347U	Molecular Genetic Lab Testing	Rx Metab/Pcx Dna 16 Gen Alys	Carelon	Add Effective 07/01/2023
0348U	Molecular Genetic Lab Testing	Rx Metab/Pcx Dna 25 Gen Alys	Carelon	Add Effective 07/01/2023
0349U	Molecular Genetic Lab Testing	Rx Metab/Pcx Dna 27Gen Rx Ia	Carelon	Add Effective 07/01/2023
0350U	Molecular Genetic Lab Testing	Rx Metab/Pcx Dna 27 Gen Alys	Carelon	Add Effective 07/01/2023
0355U	Molecular Genetic Lab Testing	Apol1 Risk Variants	Carelon	Add Effective 07/01/2023
0356U	Molecular Genetic Lab Testing	Onc Orop 17 Dna Ddpcr Alg	Carelon	Add Effective 07/01/2023
0362U	Molecular Genetic Lab Testing	Onc Pap Thyr Ca Rna 82&10	Carelon	Add Effective 07/01/2023
0363U	Molecular Genetic Lab Testing	Onc Urthl Mrna 5 Gen Alg	Carelon	Add Effective 07/01/2023
0388U	Molecular Genetic Lab Testing	Onc Nonsm Cll Lng Ca 37 Gen	Carelon	Add effective 10/01/2023
0389U	Molecular Genetic Lab Testing	Ped Fbrl Kd Ifi27&Mcomp1 Rna	Carelon	Add effective 10/01/2023
0391U	Molecular Genetic Lab Testing	Onc Sld Tum Dna&Rna 437 Gen	Carelon	Add effective 10/01/2023
0392U	Molecular Genetic Lab Testing	Rx Metab Genrx Ia 16 Genes	Carelon	Add effective 10/01/2023
0396U	Molecular Genetic Lab Testing	Ob Preimpltj Tst 300000 Dna	Carelon	Add effective 10/01/2023
0397U	Molecular Genetic Lab Testing	Onc Nonsm Cll Lng Ca 109	Carelon	Add effective 10/01/2023
0400U	Molecular Genetic Lab Testing	Ob Xpnd Car Scr 145 Genes	Carelon	Add effective 10/01/2023
0401U	Molecular Genetic Lab Testing	Crđ C Hrt Ds 9 Gen 12 Vrnts	Carelon	Add effective 10/01/2023
G9143	Molecular Genetic Lab Testing	Warfarin Respon Genetic Test	Carelon	—
S3800	Molecular Genetic Lab Testing	Genetic Testing Als	Carelon	—
S3840	Molecular Genetic Lab Testing	Dna Analysis Ret-Oncogene	Carelon	—
S3841	Molecular Genetic Lab Testing	Gene Test Retinoblastoma	Carelon	—
S3842	Molecular Genetic Lab Testing	Gene Test Hippel-Lindau	Carelon	—
S3844	Molecular Genetic Lab Testing	Dna Analysis Deafness	Carelon	—
S3845	Molecular Genetic Lab Testing	Gene Test Alpha-Thalassemia	Carelon	—
S3846	Molecular Genetic Lab Testing	Gene Test Beta-Thalassemia	Carelon	—
S3849	Molecular Genetic Lab Testing	Gene Test Niemann-Pick	Carelon	—
S3850	Molecular Genetic Lab Testing	Gene Test Sickle Cell	Carelon	—
S3852	Molecular Genetic Lab Testing	Dna Analysis Apoe Alzheimer	Carelon	—
S3853	Molecular Genetic Lab Testing	Gene Test Myo Musclr Dyst	Carelon	—
S3854	Molecular Genetic Lab Testing	Gene Profile Panel Breast	Carelon	—
S3861	Molecular Genetic Lab Testing	Genetic Test Brugada	Carelon	—
S3865	Molecular Genetic Lab Testing	Comp Genet Test Hyp Cardiomy	Carelon	—
S3866	Molecular Genetic Lab Testing	Spec Gene Test Hyp Cardiomy	Carelon	—
S3870	Molecular Genetic Lab Testing	Cgh Test Developmental Delay	Carelon	—
20930	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sp Bone Algrft Morsel Add-On	Carelon	—
20931	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sp Bone Algrft Struct Add-On	Carelon	—
20932	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteoart Algrft W/Surf & B1	Carelon	—
20933	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Hemicrt Intrclry Algrft Prtl	Carelon	—
20934	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Intercalary Algrft Compl	Carelon	—
20936	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sp Bone Agrft Local Add-On	Carelon	—
20937	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sp Bone Agrft Morsel Add-On	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

20938	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Sp Bone Agrft Struct Add-On	Carelon	-
20939	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bone Marrow Aspir Bone Grfg	Carelon	-
20974	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Electrical Bone Stimulation	Carelon	-
20975	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Electrical Bone Stimulation	Carelon	-
22206	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis Spine 3 Column Thorac	Carelon	-
22207	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis Spine 3 Column Lumbar	Carelon	-
22208	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis Spine 3 Column Adl Seg	Carelon	-
22210	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis 1 Vertebral Seg Cerv	Carelon	-
22212	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis 1 Vertebral Seg Thorac	Carelon	-
22214	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis 1 Vertebral Seg Lumbar	Carelon	-
22216	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incis Addl Spine Segment	Carelon	-
22220	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteot Dsc Ant 1 Vrt Sgm Crv	Carelon	-
22222	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteot Dsc Ant 1Vrt Sgm Thrc	Carelon	-
22224	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteot Dsc Ant 1Vrt Sgm Lmbr	Carelon	-
22226	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteot Dsc Ant 1Vrt Sgm Ea	Carelon	-
22510	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Perq Cervicothoracic Inject	Carelon	-
22511	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Perq Lumbosacral Injection	Carelon	-
22512	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Vertebroplasty Addl Inject	Carelon	-
22513	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Perq Vertebral Augmentation	Carelon	-
22514	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Perq Vertebral Augmentation	Carelon	-
22515	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Perq Vertebral Augmentation	Carelon	-
22532	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Lat Xtrcvtry Tq Thrc	Carelon	-
22533	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Lat Xtrcvtry Tq Lmbr	Carelon	-
22534	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Lat Xtrcvtry Tq Ea Ad	Carelon	-
22548	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Toral/Xoral C1-C2	Carelon	-
22551	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Ntrbdy Cervical	Carelon	-
22552	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Ntrbd Cervical Ea	Carelon	-
22554	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Ntrbd Min Dsc Crv	Carelon	-
22556	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Ntrbd Min Dsc Thc	Carelon	-
22558	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Ntrbd Min Dsc Lum	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
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OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

22585	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Ntrbd Min Dsc Ea	Carelon	-
22590	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq Craniocervical	Carelon	-
22595	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq Atlas-Axis	Carelon	-
22600	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq 1Ntrspc Crv	Carelon	-
22610	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq 1Ntrspc Thrc	Carelon	-
22612	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq 1Ntrspc Lumbar	Carelon	-
22614	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq 1Ntrspc Ea Add	Carelon	-
22630	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq 1Ntrspc Lum	Carelon	-
22632	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Tq 1Ntrspc Lm Ea	Carelon	-
22633	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Cmbn 1Ntrspc Lumbar	Carelon	-
22634	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Cmbn 1Ntrspc Ea Addl	Carelon	-
22800	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Dfrm<6 Vrt Sgm	Carelon	-
22802	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Dfrm 7-12 Vrt Sgm	Carelon	-
22804	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Pst Dfrm 13+ Vrt Sgm	Carelon	-
22808	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Dfrm 2-3 Vrt Sgm	Carelon	-
22810	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Dfrm 4-7 Vrt Sgm	Carelon	-
22812	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthrd Ant Dfrm 8+ Vrt Sgm	Carelon	-
22818	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Kyphectomy 1-2 Segments	Carelon	-
22819	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Kyphectomy 3 Or More	Carelon	-
22830	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Exploration Of Spinal Fusion	Carelon	-
22840	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22841	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22842	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22843	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22844	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22845	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22846	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22847	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Fixation Device	Carelon	-
22848	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Pelv Fixation Device	Carelon	-
22849	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reinsert Spinal Fixation	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

22853	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insj Biomechanical Device	Carelon	-
22854	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insj Biomechanical Device	Carelon	-
22856	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Tot Disc Arthrp 1Ntrspc Crv	Carelon	-
22857	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Tot Disc Arthrp 1Ntrspc Lmbr	Carelon	-
22858	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Tot Disc Arthrp 2Nd Lvl Crv	Carelon	-
22859	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insj Biomechanical Device	Carelon	-
22860	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Tot Disc Arthrp 2Ntrspc Lmbr	Carelon	Add Effective 07/01/2023
22861	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rev Rplcm Arthrp 1Ntrspc Crv	Carelon	-
22862	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rev Rplcm Rthrp 1Ntrspc Lmbr	Carelon	-
22864	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rmvl Tot Arthrp 1Ntrspc Crv	Carelon	-
22865	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rmvl Tot Arthrp 1Ntrspc Lmbr	Carelon	-
23105	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Shoulder Joint Lining	Carelon	-
23107	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Explore Treat Shoulder Joint	Carelon	-
23120	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Partial Removal Collar Bone	Carelon	-
23410	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Rotator Cuff Acute	Carelon	-
23412	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Rotator Cuff Chronic	Carelon	-
23415	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Release Of Shoulder Ligament	Carelon	-
23420	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Of Shoulder	Carelon	-
23430	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Biceps Tendon	Carelon	-
23440	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove/Transplant Tendon	Carelon	-
23450	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Shoulder Capsule	Carelon	-
23455	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Shoulder Capsule	Carelon	-
23460	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Shoulder Capsule	Carelon	-
23462	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Shoulder Capsule	Carelon	-
23465	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Shoulder Capsule	Carelon	-
23466	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Shoulder Capsule	Carelon	-
23470	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruct Shoulder Joint	Carelon	-
23472	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruct Shoulder Joint	Carelon	-
23473	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revis Reconst Shoulder Joint	Carelon	-
23474	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revis Reconst Shoulder Joint	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
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OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

27096	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inject Sacroiliac Joint	Carelon	-
27120	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruction Of Hip Socket	Carelon	-
27122	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruction Of Hip Socket	Carelon	-
27125	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Partial Hip Replacement	Carelon	-
27130	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Total Hip Arthroplasty	Carelon	-
27132	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Total Hip Arthroplasty	Carelon	-
27134	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Hip Joint Replacement	Carelon	-
27137	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Hip Joint Replacement	Carelon	-
27138	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Hip Joint Replacement	Carelon	-
27279	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthr Si Jt Perq/Min Nvas	Carelon	-
27280	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Arthr Si Jt Opn B1Grf Instrm	Carelon	Add effective 10/01/2023
27332	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Removal Of Knee Cartilage	Carelon	-
27333	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Removal Of Knee Cartilage	Carelon	-
27334	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Knee Joint Lining	Carelon	-
27335	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Knee Joint Lining	Carelon	-
27345	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Removal Of Knee Cyst	Carelon	-
27403	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Repair Of Knee Cartilage	Carelon	-
27412	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Autochondrocyte Implant Knee	Carelon	Prior Authorization required through Carelon.
27415	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteochondral Knee Allograft	Carelon	-
27416	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteochondral Knee Autograft	Carelon	-
27425	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lat Retinacular Release Open	Carelon	-
27427	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruction Knee	Carelon	-
27428	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruction Knee	Carelon	-
27429	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Reconstruction Knee	Carelon	-
27437	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Kneecap	Carelon	-
27438	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Kneecap With Implant	Carelon	-
27440	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revision Of Knee Joint	Carelon	-
27441	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revision Of Knee Joint	Carelon	-
27442	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revision Of Knee Joint	Carelon	-
27443	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revision Of Knee Joint	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

27445	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revision Of Knee Joint	Carelon	-
27446	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revision Of Knee Joint	Carelon	-
27447	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Total Knee Arthroplasty	Carelon	-
27486	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise/Replace Knee Joint	Carelon	-
27487	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise/Replace Knee Joint	Carelon	-
27488	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Removal Of Knee Prosthesis	Carelon	-
28446	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Osteochondral Talus Autograft	Carelon	-
62280	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Treat Spinal Cord Lesion	Carelon	-
62281	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Treat Spinal Cord Lesion	Carelon	-
62282	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Treat Spinal Canal Lesion	Carelon	-
62292	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Chemonucleolysis Lmbr	Carelon	-
62320	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Interlaminar Crv/Thrc	Carelon	-
62321	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Interlaminar Crv/Thrc	Carelon	-
62322	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Interlaminar Lmbr/Sac	Carelon	-
62323	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Interlaminar Lmbr/Sac	Carelon	-
62325	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Interlaminar Crv/Thrc	Carelon	-
62327	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Interlaminar Lmbr/Sac	Carelon	-
62350	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implant Spinal Canal Cath	Carelon	-
62351	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implant Spinal Canal Cath	Carelon	-
62360	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insert Spine Infusion Device	Carelon	-
62361	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implant Spine Infusion Pump	Carelon	-
62362	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implant Spine Infusion Pump	Carelon	-
62380	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Ndsc Dcmprn 1 Ntrspc Lumbar	Carelon	-
63001	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Spine Lamina 1/2 Crvl	Carelon	-
63003	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Spine Lamina 1/2 Thrc	Carelon	-
63005	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Spine Lamina 1/2 Lmbr	Carelon	-
63012	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Lamina/Facets Lumbar	Carelon	-
63015	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Spine Lamina >2 Crvl	Carelon	-
63016	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Spine Lamina >2 Thrc	Carelon	-
63017	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Spine Lamina >2 Lmbr	Carelon	-

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63020	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Neck Spine Disk Surgery	Carelon	-
63030	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Low Back Disk Surgery	Carelon	-
63035	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Spinal Disk Surgery Add-On	Carelon	-
63040	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Laminotomy Single Cervical	Carelon	-
63042	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Laminotomy Single Lumbar	Carelon	-
63043	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Laminotomy Addl Cervical	Carelon	-
63044	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Laminotomy Addl Lumbar	Carelon	-
63045	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lam Facetec & Foramot Crv	Carelon	-
63046	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lam Facetec & Foramot Thrc	Carelon	-
63047	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lam Facetec & Foramot Lumbar	Carelon	-
63048	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lam Facetec & Foramot Ea Addl	Carelon	-
63050	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Cervical Laminoplasty 2/> Seg	Carelon	-
63051	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	C-Laminoplasty W/Graft/Plate	Carelon	-
63052	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lam Facetc/Frmt Arthrd Lum 1	Carelon	-
63053	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Lam Factc/Frmt Arthrd Lum Ea	Carelon	-
63055	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Decompress Spinal Cord Thrc	Carelon	-
63056	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Decompress Spinal Cord Lmbr	Carelon	-
63057	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Decompress Spine Cord Add-On	Carelon	-
63075	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Neck Spine Disk Surgery	Carelon	-
63076	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Neck Spine Disk Surgery	Carelon	-
63081	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Body Dcmprn Crvl	Carelon	-
63082	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vertebral Body Add-On	Carelon	-
63085	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Body Dcmprn Thrc	Carelon	-
63086	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vertebral Body Add-On	Carelon	-
63087	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remov Vertbr Dcmprn ThrcLmbr	Carelon	-
63088	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vertebral Body Add-On	Carelon	-
63090	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Body Dcmprn Lmbr	Carelon	-
63091	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vertebral Body Add-On	Carelon	-
63101	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Body Dcmprn Thrc	Carelon	-
63102	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Body Dcmprn Lmbr	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

63103	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vertebral Body Add-On	Carelon	-
63185	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incise Spine Nrv Half Segmnt	Carelon	-
63190	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incise Spine Nrv >2 Segmnts	Carelon	-
63191	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Incise Spine Accessory Nerve	Carelon	-
63200	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Release Spinal Cord Lumbar	Carelon	-
63250	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Spinal Cord Vsls Crvl	Carelon	-
63252	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Spine Cord Vsl Thrmb	Carelon	-
63265	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Excise Intraspinl Lesion Crv	Carelon	-
63267	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Excise Intrspinl Lesion Lmbr	Carelon	-
63270	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Excise Intrspinl Lesion Crvl	Carelon	-
63272	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Excise Intrspinl Lesion Lmbr	Carelon	-
63275	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Xdrl Spine Lesn Crvl	Carelon	-
63277	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Xdrl Spine Lesn Lmbr	Carelon	-
63280	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Idrl Spine Lesn Crvl	Carelon	-
63282	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Idrl Spine Lesn Lmbr	Carelon	-
63285	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Idrl Imed Lesn Cervl	Carelon	-
63287	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Idrl Imed Lesn Thrmb	Carelon	-
63290	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Bx/Exc Xdrl/Idrl Lsn Any Lvl	Carelon	-
63300	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Xdrl Body Crvcl	Carelon	-
63301	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Xdrl Body Thrc	Carelon	-
63302	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Xdrl Body Thrmb	Carelon	-
63303	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remov Vert Xdrl Bdy Lmbr/Sac	Carelon	-
63304	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Idrl Body Crvcl	Carelon	-
63305	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vert Idrl Body Thrc	Carelon	-
63306	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remov Vert Idrl Bdy Thrclmbr	Carelon	-
63307	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remov Vert Idrl Bdy Lmbr/Sac	Carelon	-
63308	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Vertebral Body Add-On	Carelon	-
63650	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implant Neuroelectrodes	Carelon	-
63655	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implant Neuroelectrodes	Carelon	-
63663	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Spine Eltrd Perq Aray	Carelon	-

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

63664	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Spine Eltrd Plate	Carelon	-
63685	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Insrt/Redo Spine N Generator	Carelon	-
63688	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise/Remove Neuroreceiver	Carelon	-
64451	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Aa&/Strd Nrv Nrvtg Si Jt	Carelon	-
64479	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Aa&/Strd Tfrm Epi C/T 1	Carelon	-
64480	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Aa&/Strd Tfrm Epi C/T Ea	Carelon	-
64483	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Aa&/Strd Tfrm Epi L/S 1	Carelon	-
64484	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Aa&/Strd Tfrm Epi L/S Ea	Carelon	-
64490	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inj Paravert F Jnt C/T 1 Lev	Carelon	-
64491	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inj Paravert F Jnt C/T 2 Lev	Carelon	-
64492	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inj Paravert F Jnt C/T 3 Lev	Carelon	-
64493	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inj Paravert F Jnt L/S 1 Lev	Carelon	-
64494	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inj Paravert F Jnt L/S 2 Lev	Carelon	-
64495	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Inj Paravert F Jnt L/S 3 Lev	Carelon	-
64510	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	N Block Stellate Ganglion	Carelon	-
64520	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	N Block Lumbar/Thoracic	Carelon	-
64625	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rf Abltj Nrv Nrvtg Si Jt	Carelon	-
64633	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Destroy Cerv/Thor Facet Jnt	Carelon	-
64634	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Destroy C/Th Facet Jnt Addl	Carelon	-
64635	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Destroy Lumb/Sac Facet Jnt	Carelon	-
64636	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Destroy L/S Facet Jnt Addl	Carelon	-
0095T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rmvl Artific Disc Addl Crvcl	Carelon	-
0098T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Rev Artific Disc Addl	Carelon	-
0163T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Tot Disc Arthrp Ea Addl Lmbr	Carelon	Code Termed 12/31/2022 - This code is now replaced by 22860
0164T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Remove Lumb Artif Disc Addl	Carelon	-
0165T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Revise Lumb Artif Disc Addl	Carelon	-
0213T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Paravert W/Us Cer/Thor	Carelon	-
0214T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Paravert W/Us Cer/Thor	Carelon	-
0215T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Paravert W/Us Cer/Thor	Carelon	-
0216T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Paravert W/Us Lumb/Sac	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

0217T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Paravert W/Us Lumb/Sac	Carelon	-
0218T	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Njx Paravert W/Us Lumb/Sac	Carelon	-
C9359	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implnt Bon Void Filler-Putty	Carelon	-
C9362	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Implnt Bon Void Filler-Strip	Carelon	-
E0748	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Elec Osteogen Stim Spinal	Carelon	-
E0749	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Elec Osteogen Stim Implanted	Carelon	-
J7330	Musculoskeletal Joint, Spine Surgery and Musculoskeletal Pain	Cultured Chondrocytes Implnt	Carelon	-
61850	Neurology	Implant Neuroelectrodes	BCBSTX	-
61863	Neurology	Implant Neuroelectrode	BCBSTX	-
61864	Neurology	Implant Neuroelectrde Addl	BCBSTX	-
61867	Neurology	Implant Neuroelectrode	BCBSTX	-
61868	Neurology	Implant Neuroelectrde Addl	BCBSTX	-
64561	Neurology	Implant Neuroelectrodes	BCBSTX	-
64581	Neurology	Opn Impltj Nea Sacral Nerve	BCBSTX	-
A4290	Neurology	Sacral Nerve Stim Test Lead	BCBSTX	-
E0745	Neurology	Neuromuscular Stim For Shock	BCBSTX	-
A0430	Non-Emergent Air Ambulance	Fixed Wing Air Transport	BCBSTX	-
A0435	Non-Emergent Air Ambulance	Fixed Wing Air Mileage	BCBSTX	-
19316	Outpatient Surgery (Breast)	Suspension Of Breast	BCBSTX	-
19318	Outpatient Surgery (Breast)	Breast Reduction	BCBSTX	-
L8600	Outpatient Surgery (Breast)	Implant Breast Silicone/Eq	BCBSTX	-
15824	Outpatient Surgery (Deactivation of Headache Triggers)	Removal Of Forehead Wrinkles	BCBSTX	-
15826	Outpatient Surgery (Deactivation of Headache Triggers)	Removal Of Brow Wrinkles	BCBSTX	-
30130	Outpatient Surgery (Deactivation of Headache Triggers)	Excise Inferior Turbinate	BCBSTX	-
30140	Outpatient Surgery (Deactivation of Headache Triggers)	Resect Inferior Turbinate	BCBSTX	-
30520	Outpatient Surgery (Deactivation of Headache Triggers)	Repair Of Nasal Septum	BCBSTX	-
64716	Outpatient Surgery (Deactivation of Headache Triggers)	Revision Of Cranial Nerve	BCBSTX	-
64732	Outpatient Surgery (Deactivation of Headache Triggers)	Incision Of Brow Nerve	BCBSTX	-
64734	Outpatient Surgery (Deactivation of Headache Triggers)	Incision Of Cheek Nerve	BCBSTX	-
64771	Outpatient Surgery (Deactivation of Headache Triggers)	Sever Cranial Nerve	BCBSTX	-
67900	Outpatient Surgery (Deactivation of Headache Triggers)	Repair Brow Defect	BCBSTX	-
21085	Outpatient Surgery (Jaw)	Prepare Face/Oral Prosthesis	BCBSTX	-
21110	Outpatient Surgery (Jaw)	Interdental Fixation	BCBSTX	-
21125	Outpatient Surgery (Jaw)	Augmentation Lower Jaw Bone	BCBSTX	-
21127	Outpatient Surgery (Jaw)	Augmentation Lower Jaw Bone	BCBSTX	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

21141	Outpatient Surgery (Jaw)	Lefort I-1 Piece W/O Graft	BCBSTX	—
21142	Outpatient Surgery (Jaw)	Lefort I-2 Piece W/O Graft	BCBSTX	—
21143	Outpatient Surgery (Jaw)	Lefort I-3/> Piece W/O Graft	BCBSTX	—
21145	Outpatient Surgery (Jaw)	Lefort I-1 Piece W/ Graft	BCBSTX	—
21146	Outpatient Surgery (Jaw)	Lefort I-2 Piece W/ Graft	BCBSTX	—
21147	Outpatient Surgery (Jaw)	Lefort I-3/> Piece W/ Graft	BCBSTX	—
21150	Outpatient Surgery (Jaw)	Lefort Ii Anterior Intrusion	BCBSTX	—
21151	Outpatient Surgery (Jaw)	Lefort Ii W/Bone Grafts	BCBSTX	—
21154	Outpatient Surgery (Jaw)	Lefort Iii W/O Lefort I	BCBSTX	—
21155	Outpatient Surgery (Jaw)	Lefort Iii W/ Lefort I	BCBSTX	—
21159	Outpatient Surgery (Jaw)	Lefort Iii W/Fhdw/O Lefort I	BCBSTX	—
21160	Outpatient Surgery (Jaw)	Lefort Iii W/Fhd W/ Lefort I	BCBSTX	—
21188	Outpatient Surgery (Jaw)	Reconstruction Of Midface	BCBSTX	—
21193	Outpatient Surgery (Jaw)	Reconst Lwr Jaw W/O Graft	BCBSTX	—
21194	Outpatient Surgery (Jaw)	Reconst Lwr Jaw W/Graft	BCBSTX	—
21195	Outpatient Surgery (Jaw)	Reconst Lwr Jaw W/O Fixation	BCBSTX	—
21196	Outpatient Surgery (Jaw)	Reconst Lwr Jaw W/Fixation	BCBSTX	—
21198	Outpatient Surgery (Jaw)	Reconstr Lwr Jaw Segment	BCBSTX	—
21199	Outpatient Surgery (Jaw)	Reconstr Lwr Jaw W/Advance	BCBSTX	—
21206	Outpatient Surgery (Jaw)	Reconstruct Upper Jaw Bone	BCBSTX	—
21208	Outpatient Surgery (Jaw)	Augmentation Of Facial Bones	BCBSTX	—
21209	Outpatient Surgery (Jaw)	Reduction Of Facial Bones	BCBSTX	—
21210	Outpatient Surgery (Jaw)	Face Bone Graft	BCBSTX	—
21215	Outpatient Surgery (Jaw)	Lower Jaw Bone Graft	BCBSTX	—
21230	Outpatient Surgery (Jaw)	Rib Cartilage Graft	BCBSTX	—
64999	Pain Management	Nervous System Surgery	BCBSTX	—
19294	Radiation Therapy/Radiation Oncology	Prepj Tum Cav Iort Prtl Mast	Carelon	—
19296	Radiation Therapy/Radiation Oncology	Place Po Breast Cath For Rad	Carelon	—
19297	Radiation Therapy/Radiation Oncology	Place Breast Cath For Rad	Carelon	—
19298	Radiation Therapy/Radiation Oncology	Place Breast Rad Tube/Caths	Carelon	—
20555	Radiation Therapy/Radiation Oncology	Place Ndl Musc/Tis For Rt	Carelon	—
31643	Radiation Therapy/Radiation Oncology	Diag Bronchoscope/Catheter	Carelon	—
32701	Radiation Therapy/Radiation Oncology	Thorax Stereo Rad Targetw/Tx	Carelon	—
41019	Radiation Therapy/Radiation Oncology	Place Needles H&N For Rt	Carelon	—
55860	Radiation Therapy/Radiation Oncology	Surgical Exposure Prostate	Carelon	—
55862	Radiation Therapy/Radiation Oncology	Extensive Prostate Surgery	Carelon	—
55865	Radiation Therapy/Radiation Oncology	Extensive Prostate Surgery	Carelon	—
55874	Radiation Therapy/Radiation Oncology	Tprnl Plmt Biodegrdabl Matr	Carelon	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

55875	Radiation Therapy/Radiation Oncology	Transperi Needle Place Pros	Carelon	-
55920	Radiation Therapy/Radiation Oncology	Place Needles Pelvic For Rt	Carelon	-
57155	Radiation Therapy/Radiation Oncology	Insert Uteri Tandem/Ovoids	Carelon	-
57156	Radiation Therapy/Radiation Oncology	Ins Vag Brachytx Device	Carelon	-
58346	Radiation Therapy/Radiation Oncology	Insert Heyman Uteri Capsule	Carelon	-
61796	Radiation Therapy/Radiation Oncology	Srs Cranial Lesion Simple	Carelon	-
61797	Radiation Therapy/Radiation Oncology	Srs Cran Les Simple Addl	Carelon	-
61798	Radiation Therapy/Radiation Oncology	Srs Cranial Lesion Complex	Carelon	-
61799	Radiation Therapy/Radiation Oncology	Srs Cran Les Complex Addl	Carelon	-
61800	Radiation Therapy/Radiation Oncology	Apply Srs Headframe Add-On	Carelon	-
63620	Radiation Therapy/Radiation Oncology	Srs Spinal Lesion	Carelon	-
63621	Radiation Therapy/Radiation Oncology	Srs Spinal Lesion Addl	Carelon	-
67218	Radiation Therapy/Radiation Oncology	Treatment Of Retinal Lesion	Carelon	-
76873	Radiation Therapy/Radiation Oncology	Echograp Trans R Pros Study	Carelon	-
76965	Radiation Therapy/Radiation Oncology	Echo Guidance Radiotherapy	Carelon	-
77014	Radiation Therapy/Radiation Oncology	Ct Scan For Therapy Guide	Carelon	-
77295	Radiation Therapy/Radiation Oncology	3-D Radiotherapy Plan	Carelon	-
77301	Radiation Therapy/Radiation Oncology	Radiotherapy Dose Plan Imrt	Carelon	-
77316	Radiation Therapy/Radiation Oncology	Brachytx Isodose Plan Simple	Carelon	-
77317	Radiation Therapy/Radiation Oncology	Brachytx Isodose Intermed	Carelon	-
77318	Radiation Therapy/Radiation Oncology	Brachytx Isodose Complex	Carelon	-
77338	Radiation Therapy/Radiation Oncology	Design Mlc Device For Imrt	Carelon	-
77370	Radiation Therapy/Radiation Oncology	Radiation Physics Consult	Carelon	-
77371	Radiation Therapy/Radiation Oncology	Srs Multisource	Carelon	-
77372	Radiation Therapy/Radiation Oncology	Srs Linear Based	Carelon	-
77373	Radiation Therapy/Radiation Oncology	Sbrt Delivery	Carelon	-
77385	Radiation Therapy/Radiation Oncology	Ntsty Modul Rad Tx Dlvr Smpl	Carelon	-
77386	Radiation Therapy/Radiation Oncology	Ntsty Modul Rad Tx Dlvr Cplx	Carelon	-
77387	Radiation Therapy/Radiation Oncology	Guidance For Radj Tx Dlvr	Carelon	-
77402	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

77407	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
77412	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
77424	Radiation Therapy/Radiation Oncology	Io Rad Tx Delivery By X-Ray	Carelon	-
77425	Radiation Therapy/Radiation Oncology	Io Rad Tx Deliver By Elctrns	Carelon	-
77432	Radiation Therapy/Radiation Oncology	Stereotactic Radiation Trmt	Carelon	-
77435	Radiation Therapy/Radiation Oncology	Sbrt Management	Carelon	-
77469	Radiation Therapy/Radiation Oncology	Io Radiation Tx Management	Carelon	-
77470	Radiation Therapy/Radiation Oncology	Special Radiation Treatment	Carelon	-
77520	Radiation Therapy/Radiation Oncology	Proton Trmt Simple W/O Comp	Carelon	-
77522	Radiation Therapy/Radiation Oncology	Proton Trmt Simple W/Comp	Carelon	-
77523	Radiation Therapy/Radiation Oncology	Proton Trmt Intermediate	Carelon	-
77525	Radiation Therapy/Radiation Oncology	Proton Treatment Complex	Carelon	-
77750	Radiation Therapy/Radiation Oncology	Infuse Radioactive Materials	Carelon	-
77761	Radiation Therapy/Radiation Oncology	Apply Intrcav Radiat Simple	Carelon	-
77762	Radiation Therapy/Radiation Oncology	Apply Intrcav Radiat Interm	Carelon	-
77763	Radiation Therapy/Radiation Oncology	Apply Intrcav Radiat Compl	Carelon	-
77767	Radiation Therapy/Radiation Oncology	Hdr Rdncl Skn Surf Brachytx	Carelon	-
77768	Radiation Therapy/Radiation Oncology	Hdr Rdncl Skn Surf Brachytx	Carelon	-
77770	Radiation Therapy/Radiation Oncology	Hdr Rdncl Ntrstl/Icav Brchtx	Carelon	-
77771	Radiation Therapy/Radiation Oncology	Hdr Rdncl Ntrstl/Icav Brchtx	Carelon	-
77772	Radiation Therapy/Radiation Oncology	Hdr Rdncl Ntrstl/Icav Brchtx	Carelon	-
77778	Radiation Therapy/Radiation Oncology	Apply Interstit Radiat Compl	Carelon	-
77790	Radiation Therapy/Radiation Oncology	Radiation Handling	Carelon	-
79005	Radiation Therapy/Radiation Oncology	Nuclear Rx Oral Admin	Carelon	Retire effective 10/01/2023
79101	Radiation Therapy/Radiation Oncology	Nuclear Rx Iv Admin	Carelon	-
79403	Radiation Therapy/Radiation Oncology	Hematopoietic Nuclear Tx	Carelon	-
0394T	Radiation Therapy/Radiation Oncology	Hdr Elctrnc Skn Surf Brchytx	Carelon	-
0395T	Radiation Therapy/Radiation Oncology	Hdr Elctr Ntrstl/Ntrcv Brchtx	Carelon	-
A9508	Radiation Therapy/Radiation Oncology	I131 Iodobenguatate Dx	Carelon	-
A9513	Radiation Therapy/Radiation Oncology	Lutetium Lu 177 Dotatat Ther	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

A9528	Radiation Therapy/Radiation Oncology	Iodine I-131 Iodide Cap Dx	Carelon	-
A9531	Radiation Therapy/Radiation Oncology	I131 Max 100Uci	Carelon	-
A9543	Radiation Therapy/Radiation Oncology	Y90 Ibritumomab Rx	Carelon	-
A9590	Radiation Therapy/Radiation Oncology	Iodine I-131 Iobenguane 1Mci	Carelon	-
A9600	Radiation Therapy/Radiation Oncology	Sr89 Strontium	Carelon	-
A9604	Radiation Therapy/Radiation Oncology	Sm 153 Lexidronam	Carelon	-
A9606	Radiation Therapy/Radiation Oncology	Radium Ra223 Dichloride Ther	Carelon	-
A9607	Radiation Therapy/Radiation Oncology	Lutetium Lu 177 Vipivotide	Carelon	Add effective 01/01/2023
G0339	Radiation Therapy/Radiation Oncology	Robot Lin-Radsurg Com First	Carelon	-
G0340	Radiation Therapy/Radiation Oncology	Robt Lin-Radsurg Fractx 2-5	Carelon	-
G0458	Radiation Therapy/Radiation Oncology	Ldr Prostate Brachy Comp Rat	Carelon	-
G6001	Radiation Therapy/Radiation Oncology	Echo Guidance Radiotherapy	Carelon	-
G6002	Radiation Therapy/Radiation Oncology	Stereoscopic X-Ray Guidance	Carelon	-
G6003	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6004	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6005	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6006	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6007	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6008	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6009	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6010	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6011	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6012	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6013	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6014	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery	Carelon	-
G6015	Radiation Therapy/Radiation Oncology	Radiation Tx Delivery Imrt	Carelon	-
G6016	Radiation Therapy/Radiation Oncology	Delivery Comp Imrt	Carelon	-
G6017	Radiation Therapy/Radiation Oncology	Intrafraction Track Motion	Carelon	-
Q3001	Radiation Therapy/Radiation Oncology	Brachytherapy Radioelements	Carelon	-
S8030	Radiation Therapy/Radiation Oncology	Tantalum Ring Application	Carelon	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

64582	Sleep	Opn Mpljt Hpglsl Nstm Ary Pg	Carelon	—
64583	Sleep	Rev/Rplct Hpglsl Nstm Ary Pg	Carelon	—
64584	Sleep	Rmvl Hpglsl Nstim Ary Pg	Carelon	—
95782	Sleep	Polysom <6 Yrs 4/> Paramtrs	Carelon	—
95783	Sleep	Polysom <6 Yrs Cpap/Bilvl	Carelon	—
95800	Sleep	Slp Stdy Unattended	Carelon	—
95801	Sleep	Slp Stdy Unatnd W/Anal	Carelon	—
95805	Sleep	Multiple Sleep Latency Test	Carelon	—
95806	Sleep	Sleep Study Unatt&Resp Efft	Carelon	—
95807	Sleep	Sleep Study Attended	Carelon	—
95808	Sleep	Polysom Any Age 1-3> Param	Carelon	—
95810	Sleep	Polysom 6/> Yrs 4/> Param	Carelon	—
95811	Sleep	Polysom 6/>Yrs Cpap 4/> Parm	Carelon	—
A4604	Sleep	Tubing With Heating Element	Carelon	—
A7027	Sleep	Combination Oral/Nasal Mask	Carelon	—
A7028	Sleep	Repl Oral Cushion Combo Mask	Carelon	—
A7029	Sleep	Repl Nasal Pillow Comb Mask	Carelon	—
A7030	Sleep	Cpap Full Face Mask	Carelon	—
A7031	Sleep	Replacement Facemask Interfa	Carelon	—
A7032	Sleep	Replacement Nasal Cushion	Carelon	—
A7033	Sleep	Replacement Nasal Pillows	Carelon	—
A7034	Sleep	Nasal Application Device	Carelon	—
A7035	Sleep	Pos Airway Press Headgear	Carelon	—
A7036	Sleep	Pos Airway Press Chinstrap	Carelon	—
A7037	Sleep	Pos Airway Pressure Tubing	Carelon	—
A7038	Sleep	Pos Airway Pressure Filter	Carelon	—
A7039	Sleep	Filter Non Disposable W Pap	Carelon	—
A7044	Sleep	Pap Oral Interface	Carelon	—
A7045	Sleep	Repl Exhalation Port For Pap	Carelon	—
A7046	Sleep	Repl Water Chamber Pap Dev	Carelon	—
C1767	Sleep	Generator Neuro Non-Recharg	Carelon	—
E0470	Sleep	Rad W/O Backup Non-Inv Intfc	Carelon	—
E0471	Sleep	Rad W/Backup Non Inv Intrfc	Carelon	—
E0485	Sleep	Oral Device/Appliance Prefab	Carelon	—
E0486	Sleep	Oral Device/Appliance Cusfab	Carelon	—
E0561	Sleep	Humidifier Nonheated W Pap	Carelon	—
E0562	Sleep	Humidifier Heated Used W Pap	Carelon	—
E0601	Sleep	Cont Airway Pressure Device	Carelon	—
G0398	Sleep	Home Sleep Test/Type 2 Porta	Carelon	—
G0399	Sleep	Home Sleep Test/Type 3 Porta	Carelon	—
G0400	Sleep	Home Sleep Test/Type 4 Porta	Carelon	—
K1027	Sleep	Oral Dev Without Fix Mech	Carelon	—
32851	Transplant Evaluations and Transplants	Lung Transplant Single	BCBSTX	—

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

32852	Transplant Evaluations and Transplants	Lung Transplant With Bypass	BCBSTX	-
32853	Transplant Evaluations and Transplants	Lung Transplant Double	BCBSTX	-
32854	Transplant Evaluations and Transplants	Lung Transplant With Bypass	BCBSTX	-
33935	Transplant Evaluations and Transplants	Transplantation Heart/Lung	BCBSTX	-
33945	Transplant Evaluations and Transplants	Transplantation Of Heart	BCBSTX	-
38204	Transplant Evaluations and Transplants	BI Donor Search Management	BCBSTX	-
38205	Transplant Evaluations and Transplants	Harvest Allogeneic Stem Cell	BCBSTX	-
38206	Transplant Evaluations and Transplants	Harvest Auto Stem Cells	BCBSTX	-
38207	Transplant Evaluations and Transplants	Cryopreserve Stem Cells	BCBSTX	-
38230	Transplant Evaluations and Transplants	Bone Marrow Harvest Allogen	BCBSTX	-
38232	Transplant Evaluations and Transplants	Bone Marrow Harvest Autolog	BCBSTX	-
38240	Transplant Evaluations and Transplants	Transplt Allo Hct/Donor	BCBSTX	-
38241	Transplant Evaluations and Transplants	Transplt Autol Hct/Donor	BCBSTX	-
38242	Transplant Evaluations and Transplants	Transplt Allo Lymphocytes	BCBSTX	-
38243	Transplant Evaluations and Transplants	Transplj Hematopoietic Boost	BCBSTX	-
44135	Transplant Evaluations and Transplants	Intestine Transplt Cadaver	BCBSTX	-
44136	Transplant Evaluations and Transplants	Intestine Transplant Live	BCBSTX	-
47135	Transplant Evaluations and Transplants	Transplantation Of Liver	BCBSTX	-
48160	Transplant Evaluations and Transplants	Pancreas Removal/Transplant	BCBSTX	-
48554	Transplant Evaluations and Transplants	Transpl Allograft Pancreas	BCBSTX	-
50360	Transplant Evaluations and Transplants	Transplantation Of Kidney	BCBSTX	-
50365	Transplant Evaluations and Transplants	Transplantation Of Kidney	BCBSTX	-
50380	Transplant Evaluations and Transplants	Reimplantation Of Kidney	BCBSTX	-
0584T	Transplant Evaluations and Transplants	Perq Islet Cell Transplant	BCBSTX	-
0585T	Transplant Evaluations and Transplants	Laps Islet Cell Transplant	BCBSTX	-
0586T	Transplant Evaluations and Transplants	Open Islet Cell Transplant	BCBSTX	-
G0341	Transplant Evaluations and Transplants	Percutaneous Islet Celltrans	BCBSTX	-
G0342	Transplant Evaluations and Transplants	Laparoscopy Islet Cell Trans	BCBSTX	-
G0343	Transplant Evaluations and Transplants	Laparotomy Islet Cell Transp	BCBSTX	-
S2053	Transplant Evaluations and Transplants	Transplantation Of Small Int	BCBSTX	-

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

S2054	Transplant Evaluations and Transplants	Transplantation Of Multivisc	BCBSTX	-
S2060	Transplant Evaluations and Transplants	Lobar Lung Transplantation	BCBSTX	-
S2065	Transplant Evaluations and Transplants	Simult Panc Kidn Trans	BCBSTX	-
S2102	Transplant Evaluations and Transplants	Islet Cell Tissue Transplant	BCBSTX	-
S2140	Transplant Evaluations and Transplants	Cord Blood Harvesting	BCBSTX	-
S2142	Transplant Evaluations and Transplants	Cord Blood-Derived Stem-Cell	BCBSTX	-
S2150	Transplant Evaluations and Transplants	Bmt Harv/Transpl 28D Pkg	BCBSTX	-
99183	Wound Care	Hyperbaric Oxygen Therapy	BCBSTX	-
G0277	Wound Care	Hbot Full Body Chamber 30M	BCBSTX	-

2023 Medical Drugs Requiring Prior Authorization

General Information:

Use this document to view details for a procedure code, including: 1) Drug Product Name - Brand (generic); 2) Reason for prior authorization where medical necessity review is required for both therapy and place of infusion (Infusion Site of Care) or for therapy only (Provider Administered Drug Therapy) and/or for Medical Oncology & Supportive Care and 3) Effective date for when prior authorization was implemented at BCBSTX (provider administered drug therapy or infusion site of care) or Carelon Medical Benefits Management (requests for oncology drugs that are supported by an oncology diagnosis).

This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract.

Member benefit plans differ in their benefits. Consult the member benefit booklet or contact the number on the member ID card to determine coverage for a specific drug code. Always check eligibility and benefits first through the Availity Provider Portal® (availity.com) or other preferred vendor portal to confirm coverage and other important details; this step may help determine if prior authorization is required.

**EXCEPT AS OTHERWISE NOTED IN THE UPDATE HISTORY COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON
JANUARY 1, 2023.**

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DRUG NAME.

Code	Category	Drug Product Name* Brand (generic) <i>*Trademarks are the property of their respective owners.</i>	Managed By	Updates
J9029	Provider Administered Drug Therapy	Inj Adstiladrin Per Tx Dos	BCBSTX	Add effective 01/01/2024
C9094	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSTX	Code Termed 10/01/2022 - This code is replaced with J1302
J0129	Infusion Site of Care	Abatacept Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0180	Infusion Site of Care	Agalsidase Beta Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0219	Infusion Site of Care	Inj Aval Alfa-Nqpt 4Mg	BCBSTX	Add effective 04/01/2023

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

J0221	Infusion Site of Care	Lumizyme (Alglucosidase Alfa)	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0222	Infusion Site of Care	Inj. Patisiran 0.1 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0223	Infusion Site of Care	Inj Givosiran 0.5 Mg	BCBSTX	Prior Authorization required through BCBS.
J0224	Infusion Site of Care	Inj. Lumasiran 0.5 Mg	BCBSTX	Add effective 04/01/2023
J0490	Infusion Site of Care	Benlysta (Belimumab)	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0491	Infusion Site of Care	Inj Anifrolumab-Fnia 1Mg	BCBSTX	Add effective 04/01/2023
J0517	Infusion Site of Care	Inj. Benralizumab 1 Mg	BCBSTX	Prior Authorization required through BCBS.
J0584	Infusion Site of Care	Injection Burosumab-Twza 1M	BCBSTX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0598	Infusion Site of Care	C-1 Esterase Cinryze	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0638	Infusion Site of Care	Canakinumab Injection	BCBSTX	Prior Authorization required through BCBS.
J0717	Infusion Site of Care	Certolizumab Pegol Inj 1Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0791	Infusion Site of Care	Inj Crizanlizumab-Tmca 5Mg	BCBSTX	Prior Authorization required through BCBS.
J1290	Infusion Site of Care	Ecallantide Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1300	Infusion Site of Care	Eculizumab Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1301	Infusion Site of Care	Injection Edaravone 1 Mg	BCBSTX	Prior Authorization required through BCBS.
J1302	Infusion Site of Care	Inj Sutimlimab-Jome 10 Mg	BCBSTX	Add Effective 07/01/2023
J1303	Infusion Site of Care	Inj. Ravulizumab-Cwvz 10 Mg	BCBSTX	Prior Authorization required through BCBS.
J1305	Infusion Site of Care	Inj Evinacumab-Dgnb 5Mg	BCBSTX	Add effective 04/01/2023
J1306	Infusion Site of Care	Injection Inclisiran 1 Mg	BCBSTX	Add effective 04/01/2023
J1322	Infusion Site of Care	Elosulfase Alfa Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1458	Infusion Site of Care	Galsulfase Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1602	Infusion Site of Care	Golimumab For Iv Use 1Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1743	Infusion Site of Care	Idursulfase Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1745	Infusion Site of Care	Infliximab Not Biosimil 10Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
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J1746	Infusion Site of Care	Inj. Ibalizumab-Uiyk 10 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J1786	Infusion Site of Care	Imuglucerase Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1823	Infusion Site of Care	Inj. Inebilizumab-Cdon 1 Mg	BCBSTX	Add effective 04/01/2023
J1931	Infusion Site of Care	Laronidase Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2182	Infusion Site of Care	Injection Mepolizumab 1Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2323	Infusion Site of Care	Natalizumab Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2350	Infusion Site of Care	Injection Ocrelizumab 1 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2356	Infusion Site of Care	Inj Tezepelumab-Ekko 1Mg	BCBSTX	Add effective 04/01/2023
J2357	Infusion Site of Care	Omalizumab Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2507	Infusion Site of Care	Krystexxa (Pegloticase)	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2786	Infusion Site of Care	Injection Reslizumab 1Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2840	Infusion Site of Care	Inj Sebelipase Alfa 1 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3032	Infusion Site of Care	Inj. Eptinezumab-Jjmr 1 Mg	BCBSTX	Prior Authorization required through BCBS.
J3060	Infusion Site of Care	Inj Taliglucerase Alfa 10 U	BCBSTX	Prior Authorization required through BCBS.
J3241	Infusion Site of Care	Inj. Teprotumumab-Trbw 10 Mg	BCBSTX	Prior Authorization required through BCBS.
J3245	Infusion Site of Care	Inj. Tildrakizumab 1 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J3262	Infusion Site of Care	Tocilizumab Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3358	Infusion Site of Care	Ustekinumab Iv Inject 1 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3380	Infusion Site of Care	Injection Vedolizumab	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3385	Infusion Site of Care	Velaglucerase Alfa	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3397	Infusion Site of Care	Inj. Vestronidase Alfa-Vjbk	BCBSTX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J9332	Infusion Site of Care	Inj Efgartigimod 2Mg	BCBSTX	Add effective 04/01/2023

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

Q5103	Infusion Site of Care	Injection Inflectra	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5104	Infusion Site of Care	Injection Renflexis	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q5109	Infusion Site of Care	Injection Ixifi 10 Mg	BCBSTX	Prior Authorization required through BCBS.
Q5121	Infusion Site of Care	Inj. Avsola 10 Mg	BCBSTX	Prior Authorization required through BCBS.
J1459	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Ivig Privigen 500 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1551	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Cutaquig 100 Mg	Carelon or BCBSTX	Add effective 04/01/2023
J1554	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Asceniv	Carelon or BCBSTX	Add Effective 4/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1555	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Cuvitru 100 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1556	Infusion Site of Care, Medical Oncology & Supportive Care	Inj Imm Glob Bivigam 500Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1557	Infusion Site of Care, Medical Oncology & Supportive Care	(Gammaplex_(Injection, Immune Globulin, , Intravenous, Nonlyophilized (E.G., Liquid), 500 Mg)	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1558	Infusion Site of Care, Medical Oncology & Supportive Care	Inj. Xembify 100 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J1559	Infusion Site of Care, Medical Oncology & Supportive Care	Hizentra Injection	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

J1561	Infusion Site of Care, Medical Oncology & Supportive Care	Gamunex-C/Gammaked	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1566	Infusion Site of Care, Medical Oncology & Supportive Care	Injection, Immune Globulin, Intravenous, Lyophilized (E.G., Powder), Not Otherwise Specified, 500 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1568	Infusion Site of Care, Medical Oncology & Supportive Care	Octagam Injection	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1569	Infusion Site of Care, Medical Oncology & Supportive Care	Gammagard Liquid Injection	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1572	Infusion Site of Care, Medical Oncology & Supportive Care	Flebogamma Injection	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1575	Infusion Site of Care, Medical Oncology & Supportive Care	Hyqvia 100Mg Immune Globulin	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
C9142	Medical Oncology & Supportive Care	Alymsys (Bevacizumab-Maly)	Carelon	Add effective 01/01/2023 though will be removed and replaced with Q5126 04/01/2023, Prior Authorization required through Carelon.
C9146	Medical Oncology & Supportive Care	Elahere (Mirvetuximab Soravtansine-Gynx)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9063
C9147	Medical Oncology & Supportive Care	Imjudo (Tremelimumab-Actl)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9347
C9148	Medical Oncology & Supportive Care	Tecvayli (Teclistamab-Cqyv)	Carelon	Code Termed 07/01/2023 - This code is replaced with J9380
C9399	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

J0641	Medical Oncology & Supportive Care	Inj Levoleucovorin Nos 0.5Mg	Carelon	Prior Authorization required through Carelon.
J0642	Medical Oncology & Supportive Care	Injection Khapzory 0.5 Mg	Carelon	Prior Authorization required through Carelon.
J0882	Medical Oncology & Supportive Care	Darbepoetin Alfa Esrd Use	Carelon	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0896	Medical Oncology & Supportive Care	Inj Luspatercept-Aamt 0.25Mg	Carelon	Prior Authorization required through Carelon.
J1442	Medical Oncology & Supportive Care	Inj Filgrastim Excl Biosimil	Carelon	Prior Authorization required through Carelon.
J1447	Medical Oncology & Supportive Care	Inj Tbo Filgrastim 1 Microg	Carelon	Prior Authorization required through Carelon.
J1448	Medical Oncology & Supportive Care	Injection Trilaciclib 1Mg	Carelon	Prior Authorization required through Carelon.
J1449	Medical Oncology & Supportive Care	Inj Eflapegrastim-Xnst 0.1Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J2506	Medical Oncology & Supportive Care	Inj Pegfilgrast Ex Bio 0.5Mg	Carelon	Prior Authorization required through Carelon.
J2820	Medical Oncology & Supportive Care	Sargramostim Injection	Carelon	Prior Authorization required through Carelon.
J2860	Medical Oncology & Supportive Care	Injection Siltuximab	Carelon	Prior Authorization required through Carelon.
J3490	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J3590	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon or BCBSTX	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9019	Medical Oncology & Supportive Care	Erwinaze Injection	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9021	Medical Oncology & Supportive Care	Inj Aspara Rylaze 0.1 Mg	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9022	Medical Oncology & Supportive Care	Inj Atezolizumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9023	Medical Oncology & Supportive Care	Injection Avelumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9037	Medical Oncology & Supportive Care	Inj Belantamab Mafodont Blmf	Carelon	Prior Authorization required through Carelon.
J9039	Medical Oncology & Supportive Care	Injection Blinatumomab	Carelon	Prior Authorization required through Carelon.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

J9042	Medical Oncology & Supportive Care	Brentuximab Vedotin Inj	Carelon	Prior Authorization required through Carelon.
J9043	Medical Oncology & Supportive Care	Jevtana_(Cabazitaxel)	Carelon	Prior Authorization required through Carelon.
J9047	Medical Oncology & Supportive Care	Injection Carfilzomib 1 Mg	Carelon	Prior Authorization required through Carelon.
J9055	Medical Oncology & Supportive Care	Cetuximab Injection	Carelon	Prior Authorization required through Carelon.
J9057	Medical Oncology & Supportive Care	Inj. Copanlisib 1 Mg	Carelon	Prior Authorization required through Carelon.
J9061	Medical Oncology & Supportive Care	Inj Amivantamab-Vmjw	Carelon	Prior Authorization required through Carelon.
J9063	Medical Oncology & Supportive Care	Inj Elahere 1 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9118	Medical Oncology & Supportive Care	Inj. Calaspargase Pegol-Mknl	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9119	Medical Oncology & Supportive Care	Inj. Cemiplimab-Rwlc 1 Mg	Carelon	Prior Authorization required through Carelon.
J9144	Medical Oncology & Supportive Care	Daratumumab Hyaluronidase	Carelon	Prior Authorization required through Carelon.
J9145	Medical Oncology & Supportive Care	Injection Daratumumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9173	Medical Oncology & Supportive Care	Inj. Durvalumab 10 Mg	Carelon	Prior Authorization required through Carelon.
J9176	Medical Oncology & Supportive Care	Injection Elotuzumab 1Mg	Carelon	Prior Authorization required through Carelon.
J9177	Medical Oncology & Supportive Care	Inj Enfort Vedo-Ejfv 0.25Mg	Carelon	Prior Authorization required through Carelon.
J9179	Medical Oncology & Supportive Care	Halaven_(Eribulin)	Carelon	Prior Authorization required through Carelon.
J9203	Medical Oncology & Supportive Care	Gemtuzumab Ozogamicin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9204	Medical Oncology & Supportive Care	Inj Mogamulizumab-Kpkc 1 Mg	Carelon	Prior Authorization required through Carelon.
J9205	Medical Oncology & Supportive Care	Inj Irinotecan Liposome 1 Mg	Carelon	Prior Authorization required through Carelon.
J9207	Medical Oncology & Supportive Care	Ixabepilone Injection	Carelon	Prior Authorization required through Carelon.
J9223	Medical Oncology & Supportive Care	Inj. Lurbinectedin 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9227	Medical Oncology & Supportive Care	Inj. Isatuximab-Irfc 10 Mg	Carelon	Prior Authorization required through Carelon.
J9228	Medical Oncology & Supportive Care	Yervoy_(Ipilimumab)	Carelon	Prior Authorization required through Carelon.
J9229	Medical Oncology & Supportive Care	Inj Inotuzumab Ozogam 0.1 Mg	Carelon	Prior Authorization required through Carelon.
J9264	Medical Oncology & Supportive Care	Paclitaxel Protein Bound	Carelon	Prior Authorization required through Carelon.
J9266	Medical Oncology & Supportive Care	Pegaspargase Injection	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9269	Medical Oncology & Supportive Care	Inj. Tagraxofusp-Erzs 10 Mcg	Carelon	Prior Authorization required through Carelon.
J9271	Medical Oncology & Supportive Care	Inj Pembrolizumab	Carelon	Prior Authorization required through Carelon.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
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J9272	Medical Oncology & Supportive Care	Inj Dostarlimab-Gxly 10 Mg	Carelon	Prior Authorization required through Carelon.
J9273	Medical Oncology & Supportive Care	Inj Tisotu Vedotin-Tftv 1Mg	Carelon	Prior Authorization required through Carelon.
J9274	Medical Oncology & Supportive Care	Inj Tebentafusp-Tebn 1 Mcg	Carelon	Add code effective 01/01/2023 for drug Kimmtrak (tebentafusp-tebn)
J9281	Medical Oncology & Supportive Care	Mitomycin Instillation	Carelon	Prior Authorization required through Carelon.
J9298	Medical Oncology & Supportive Care	Inj Nivol Relatlimab 3Mg/1Mg	Carelon	Add effective 01/01/2023. Prior Authorization required through Carelon.
J9299	Medical Oncology & Supportive Care	Injection Nivolumab	Carelon	Prior Authorization required through Carelon.
J9301	Medical Oncology & Supportive Care	Obinutuzumab Inj	Carelon	Prior Authorization required through Carelon.
J9302	Medical Oncology & Supportive Care	Ofatumumab Injection	Carelon	Prior Authorization required through Carelon.
J9303	Medical Oncology & Supportive Care	Panitumumab Injection	Carelon	Prior Authorization required through Carelon.
J9306	Medical Oncology & Supportive Care	Injection Pertuzumab 1 Mg	Carelon	Prior Authorization required through Carelon.
J9308	Medical Oncology & Supportive Care	Injection Ramucirumab	Carelon	Prior Authorization required through Carelon.
J9309	Medical Oncology & Supportive Care	Inj Polatuzumab Vedotin 1Mg	Carelon	Prior Authorization required through Carelon.
J9313	Medical Oncology & Supportive Care	Inj. Lumoxiti 0.01 Mg	Carelon	Prior Authorization required through Carelon.
J9316	Medical Oncology & Supportive Care	Pertuzu Trastuzu 10 Mg	Carelon	Prior Authorization required through Carelon.
J9317	Medical Oncology & Supportive Care	Sacituzumab Govitecan-Hziy	Carelon	Prior Authorization required through Carelon.
J9331	Medical Oncology & Supportive Care	Inj Sirolimus Prot Part 1 Mg	Carelon	Prior Authorization required through Carelon.
J9347	Medical Oncology & Supportive Care	Inj Tremelimumab-Actl 1 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9348	Medical Oncology & Supportive Care	Inj. Naxitamab-Gqgk 1 Mg	Carelon	Prior Authorization required through Carelon.
J9349	Medical Oncology & Supportive Care	Inj. Tafasitamab-Cxix	Carelon	Prior Authorization required through Carelon.
J9352	Medical Oncology & Supportive Care	Injection Trabectedin 0.1Mg	Carelon	Prior Authorization required through Carelon.
J9353	Medical Oncology & Supportive Care	Inj. Margetuximab-Cmkb 5 Mg	Carelon	Prior Authorization required through Carelon.
J9354	Medical Oncology & Supportive Care	Inj Ado-Trastuzumab Emt 1Mg	Carelon	Prior Authorization required through Carelon.
J9355	Medical Oncology & Supportive Care	Inj Trastuzumab Excl Biosimi	Carelon	Prior Authorization required through Carelon.
J9356	Medical Oncology & Supportive Care	Inj. Herceptin Hylecta 10Mg	Carelon	Prior Authorization required through Carelon.
J9358	Medical Oncology & Supportive Care	Inj Fam-Trastu Deru-Nxki 1Mg	Carelon	Prior Authorization required through Carelon.
J9359	Medical Oncology & Supportive Care	Inj Lon Tesirin-Lpyl 0.075Mg	Carelon	Prior Authorization required through Carelon.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

J9380	Medical Oncology & Supportive Care	Inj Teclistamab Cqyv 0.5 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9999	Medical Oncology & Supportive Care	Cutaquig_(Immune Globulin (Human)-Hipp); Unituxin (Dinutuximab) Alymsys (Bevacizumab-Maly)	Carelon	Effective 01/01/2023, add new drug Unituxin (dinutuximab) and Alymsys (bevacizumab-maly); Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q2043	Medical Oncology & Supportive Care	Provenge_(Sipuleucel-T)	Carelon	Prior Authorization required through Carelon.
Q2049	Medical Oncology & Supportive Care	Imported Lipodox Inj	Carelon	Prior Authorization required through Carelon.
Q2050	Medical Oncology & Supportive Care	Doxil/Lipodox_(Doxorubicin Liposomal)	Carelon	Prior Authorization required through Carelon.
Q4081	Medical Oncology & Supportive Care	Epoetin Alfa 100 Units Esrd	Carelon	Prior Authorization required through Carelon.
Q5101	Medical Oncology & Supportive Care	Injection Zarxio	Carelon	Prior Authorization required through Carelon.
Q5105	Medical Oncology & Supportive Care	Inj Retacrit Esrd On Dialysi	Carelon	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5106	Medical Oncology & Supportive Care	Inj Retacrit Non-Esrd Use	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5107	Medical Oncology & Supportive Care	Inj Mvasi 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5108	Medical Oncology & Supportive Care	Injection Fulphila	Carelon	Prior Authorization required through Carelon.
Q5110	Medical Oncology & Supportive Care	Nivestym	Carelon	Prior Authorization required through Carelon.
Q5111	Medical Oncology & Supportive Care	Injection Udenyca 0.5 Mg	Carelon	Prior Authorization required through Carelon.
Q5112	Medical Oncology & Supportive Care	Inj Ontruzant 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5113	Medical Oncology & Supportive Care	Inj Herzuma 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5114	Medical Oncology & Supportive Care	Inj Ogivri 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5115	Medical Oncology & Supportive Care	Inj Truxima 10 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5116	Medical Oncology & Supportive Care	Inj. Trazimera 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5117	Medical Oncology & Supportive Care	Inj. Kanjinti 10 Mg	Carelon	Prior Authorization required through Carelon.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

Q5118	Medical Oncology & Supportive Care	Inj. Zirabev 10 Mg	Carelon	Prior Authorization required through Carelon.
Q5119	Medical Oncology & Supportive Care	Inj Ruxience 10 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5120	Medical Oncology & Supportive Care	Inj Pegfilgrastim-Bmez 0.5Mg	Carelon	Prior Authorization required through Carelon.
Q5122	Medical Oncology & Supportive Care	Inj Nyvepria	Carelon	Prior Authorization required through Carelon.
Q5123	Medical Oncology & Supportive Care	Inj. Riabni 10 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5125	Medical Oncology & Supportive Care	Inj Releuko 1 Mcg	Carelon	Add effective 04/01/2023
Q5126	Medical Oncology & Supportive Care	Inj Alymsys 10 Mg	Carelon	Add Effective 4/1/2023 to replace C9142
Q5127	Medical Oncology & Supportive Care	Inj Stimufend 0.5 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5129	Medical Oncology & Supportive Care	Inj Vegzelma 10 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
Q5130	Medical Oncology & Supportive Care	Inj Fynetra 0.5 Mg	Carelon	Add Effective 7/1/2023; Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0881	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Darbepoetin Alfa Non-Esrd	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0885	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Epoetin Alfa Non-Esrd	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J0897	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection, Denosumab, 1 Mg Prolia/Xgeva_(Denosumab)	Carelon	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
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J1599	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection, Immune Globulin, Intravenous, Nonlyophilized (E.G., Liquid), Not Otherwise Specified, 500 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9032	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Belinostat 10Mg	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9035	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Bevacizumab Injection	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9153	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj Daunorubicin Cytarabine	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9295	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Injection Nectinumab 1 Mg	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
J9311	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj Rituximab Hyaluronidase	Carelon	Effective 01/01/2023, BCBS will stop review of code and Carelon will continue review of requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9312	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj. Rituximab 10 Mg	Carelon or BCBSTX	Carelon will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBS.
J9325	Medical Oncology & Supportive Care, Provider Administered Drug Therapy	Inj Talimogene Laherparepvec	Carelon	Effective 01/01/2023, Prior Authorization move from BCBS to Carelon. Prior Authorization required through BCBS.
90283	Provider Administered Drug Therapy	Human Ig Iv	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
90284	Provider Administered Drug Therapy	Human Ig Sc	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
90378	Provider Administered Drug Therapy	Rsv Mab Im 50Mg	BCBSTX	Prior Authorization required through BCBS.
C9257	Provider Administered Drug Therapy	Bevacizumab Injection	BCBSTX	Prior Authorization required through BCBS.
J0202	Provider Administered Drug Therapy	Injection Alemtuzumab	BCBSTX	Prior Authorization required through BCBS.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS**

J0565	Provider Administered Drug Therapy	Inj Bezlotoxumab 10 Mg	BCBSTX	Prior Authorization required through BCBS.
J0567	Provider Administered Drug Therapy	Inj. Cerliponase Alfa 1 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Large Groups 10/01/2023.
J0585	Provider Administered Drug Therapy	Injection Onabotulinumtoxina	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0586	Provider Administered Drug Therapy	Abobotulinumtoxina	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0587	Provider Administered Drug Therapy	Inj Rimabotulinumtoxinb	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0588	Provider Administered Drug Therapy	Xeomin (Incobotulinumtoxina)	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J0775	Provider Administered Drug Therapy	Collagenase Clost Hist Inj	BCBSTX	Prior Authorization required through BCBS.
J0888	Provider Administered Drug Therapy	Epoetin Beta Non Esrd	BCBSTX	Prior Authorization required through BCBS.
J1325	Provider Administered Drug Therapy	Epoprostenol Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1411	Provider Administered Drug Therapy	Inj Hemgenix Per Tx Dose	BCBSTX	Add effective 10/01/2023
J1428	Provider Administered Drug Therapy	Inj Eteplirsen 10 Mg	BCBSTX	Prior Authorization required through BCBS.
J1562	Provider Administered Drug Therapy	Vivaglobin Inj	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1675	Provider Administered Drug Therapy	Histrelin Acetate	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1726	Provider Administered Drug Therapy	Makena 10 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J1950	Provider Administered Drug Therapy	Leuprolide Acetate /3.75 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2278	Provider Administered Drug Therapy	Ziconotide Injection	BCBSTX	Prior Authorization required through BCBS.
J2326	Provider Administered Drug Therapy	Inj Nusinersen 0.1Mg	BCBSTX	Prior Authorization required through BCBS.
J2502	Provider Administered Drug Therapy	Inj Pasireotide Long Acting	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J2562	Provider Administered Drug Therapy	Plerixafor Injection	BCBSTX	Prior Authorization required through BCBS.
J2941	Provider Administered Drug Therapy	Somatropin Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3121	Provider Administered Drug Therapy	Inj Testostero Enanthate 1Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3145	Provider Administered Drug Therapy	Testosterone Undecanoate 1Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3285	Provider Administered Drug Therapy	Treprostinil Injection	BCBSTX	Prior Authorization required through BCBS.

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
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J3315	Provider Administered Drug Therapy	Triptorelin Pamoate	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J3398	Provider Administered Drug Therapy	Inj Luxturna 1 Billion Vec G	BCBSTX	Prior Authorization required through BCBS.
J3399	Provider Administered Drug Therapy	Inj Onase Abepar-Xioi Treat	BCBSTX	Prior Authorization required through BCBS.
J7178	Provider Administered Drug Therapy	Inj Human Fibrinogen Con Nos	BCBSTX	Prior Authorization required through BCBS.
J7340	Provider Administered Drug Therapy	Carbidopa Levodopa Ent 100Ml	BCBSTX	Prior Authorization required through BCBS.
J9155	Provider Administered Drug Therapy	Degarelix Injection	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9202	Provider Administered Drug Therapy	Goserelin Acetate Implant	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9217	Provider Administered Drug Therapy	Leuprolide Acetate Suspnsion	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9218	Provider Administered Drug Therapy	Leuprolide Acetate Injeciton	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9219	Provider Administered Drug Therapy	Leuprolide Acetate Implant	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9225	Provider Administered Drug Therapy	Vantas Implant	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
J9226	Provider Administered Drug Therapy	Supprelin La Implant	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
Q2041	Provider Administered Drug Therapy	Axicabtagene Ciloleucef Car+	BCBSTX	Prior Authorization required through BCBS.
Q2042	Provider Administered Drug Therapy	Tisagenlecleucef Car-Pos T	BCBSTX	Prior Authorization required through BCBS.
Q2053	Provider Administered Drug Therapy	Brexucabtagene Car Pos T	BCBSTX	Prior Authorization required through BCBS.
Q2054	Provider Administered Drug Therapy	Lisocabtagene Mara Car Pos T	BCBSTX	Prior Authorization required through BCBS.
Q2055	Provider Administered Drug Therapy	Idecabtagene Vicleucef Car	BCBSTX	Prior Authorization required through BCBS.
Q2056	Provider Administered Drug Therapy	Ciltacabtagene Car-Pos T	BCBSTX	Add effective 01/01/2023
S0157	Provider Administered Drug Therapy	Becaplermin Gel 1% 0.5 Gm	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.
S0189	Provider Administered Drug Therapy	Testosterone Pellet 75 Mg	BCBSTX	Prior Authorization required through BCBS. Add to Small Groups/Mid-Markets 10/01/2023.

2023 Behavioral Health Services Requiring Prior Authorization

EXCEPT AS OTHERWISE NOTED IN THE UPDATES COLUMN, THESE PRIOR AUTHORIZATION REQUIREMENTS ARE EFFECTIVE ON JANUARY 1, 2023

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BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)

2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR OTHER ADMINISTRATIVE SERVICES ONLY (ASO) MEMBERS

Service	Service Description
Partial Hospitalization Treatment Program	A Claim Administrator approved planned program of a Hospital or Substance Use Disorder Treatment Facility for the treatment of Mental Illness or Substance Use Disorder Treatment in which patients spend days. This behavioral healthcare is typically 5 to 8 hours per day, 5 days per week (not less than 20 hours of treatment services per week). The program is staffed similarly to the day shift of an inpatient unit, i.e. medically supervised by a Physician and nurse. The program shall ensure a psychiatrist sees the patient face to face at least once a week and it otherwise available, in person or by telephone, to provide assistance and direction to the program as needed. Participants at this level of care do not require 24 hour supervision and are not considered a resident at the program. Requirements: the Claim Administrator requires that any Mental Illness and/or Substance Use Disorder Partial Hospitalization Treatment Program must be licensed in the state where it is located, or accredited by a national organization that is recognized by the Claim Administrator as set forth in its current credentialing policy, and otherwise meets all other credentialing requirements set forth in such policy.
Applied Behavior Analysis (ABA)*	Applied behavior analysis is a method of therapy utilized to improve or change specific behaviors of members who have a diagnosis within the Pervasive and specific developmental disorders category of ICD-10.
Intensive Outpatient Programs (IOP)	A freestanding or Hospital-based program that provides services for at least three hours per day, two or more days per week, to treat mental illness, drug addiction, substance abuse or alcoholism, or specializes in the treatment of co-occurring mental illness with drug addiction, substance abuse or alcoholism. Programs that specialize in the treatment of severe or complex co-occurring conditions offer integrated and aligned assessment, treatment and discharge planning services for mental illness and for drug addiction, substance abuse or alcoholism. It is more likely that Participants with co-occurring conditions will benefit from programs addressing both mental illness and drug addiction, substance abuse or alcoholism than programs that focus solely on mental illness conditions.
Outpatient Electroconvulsive Therapy (ECT)*	A treatment that involves brief electrical stimulation of the brain while a member is under anesthesia to treat severe psychiatric disorders and billed by a facility/clinic. It is typically administered anywhere from 2-3 times per week if a member is simultaneously admitted to an inpatient Care Level. However, once the member steps down to an outpatient Care Level, frequency may change to once every 3-4 weeks.
Psychological/ Neuropsychological Testing*	Psychological testing consists of the administration of psychological tests which measure a sample of a member's behavior. Note: Psychological/Neuropsychological Testing only requires Prior Authorization in some cases. BCBSTX will notify the provider if prior authorization is required for these testing services.
Repetitive Transcranial Magnetic Stimulation (rTMS)*	A form of brain stimulation therapy used to treat psychiatric conditions in a facility/clinic setting. A treatment course is usually 1 daily session, 5 times per week for up to 6 weeks, followed by a 3-week taper of 3 rTMS session in week one, 2 rTMS sessions the next week, and one rTMS session in the last week (total of 36 sessions). The treatment course may be repeated after a 6-month cessation period if needed. The therapy cannot be administered on the same day as a PHP, IOP, ECT, or ABA Care Level service.

*Note: Code list provided below for Services. This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract.

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Procedure Code	Service Category	Code Description	Managed By	Updates
97151	Applied Behavior Analysis (ABA)	Bhv Id Assmt By Phys/Qhp	BCBSTX	-
97152	Applied Behavior Analysis (ABA)	Bhv Id Suprt Assmt By 1 Tech	BCBSTX	-
97153	Applied Behavior Analysis (ABA)	Adaptive Behavior Tx By Tech	BCBSTX	-
97154	Applied Behavior Analysis (ABA)	Grp Adapt Bhv Tx By Tech	BCBSTX	-
97155	Applied Behavior Analysis (ABA)	Adapt Behavior Tx Phys/Qhp	BCBSTX	-
97156	Applied Behavior Analysis (ABA)	Fam Adapt Bhv Tx Gdn Phy/Qhp	BCBSTX	-
97157	Applied Behavior Analysis (ABA)	Mult Fam Adapt Bhv Tx Gdn	BCBSTX	-
97158	Applied Behavior Analysis (ABA)	Grp Adapt Bhv Tx By Phy/Qhp	BCBSTX	-
0362T	Applied Behavior Analysis (ABA)	Bhv Id Suprt Assmt Ea 15 Min	BCBSTX	-
0373T	Applied Behavior Analysis (ABA)	Adapt Bhv Tx Ea 15 Min	BCBSTX	-

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90870	Electroconvulsive Therapy	Electroconvulsive Therapy (Includes Necessary Monitoring)	BCBSTX	-
96105	Psychological and Neuropsychological Testing	Assessment Of Aphasia, Per Hour	BCBSTX	-
96110	Psychological and Neuropsychological Testing	Developmental Screening, Per Instrument	BCBSTX	-
96112	Psychological and Neuropsychological Testing	Devel Tst Phys/Qhp 1St Hr	BCBSTX	Add effective 01/01/2023
96113	Psychological and Neuropsychological Testing	Devel Tst Phys/Qhp Ea Addl	BCBSTX	Add effective 01/01/2023
96116	Psychological and Neuropsychological Testing	Neurobehavioral Status Exam, Per Hour	BCBSTX	-
96121	Psychological and Neuropsychological Testing	Each Additional Hour For Neurobehavioral Status Exam- Must Be Used With 96116 (Not A Stand Alone Code)	BCBSTX	-
96125	Psychological and Neuropsychological Testing	Standardized Cognitive Testing, Per Hour	BCBSTX	-
96127	Psychological and Neuropsychological Testing	Brief Emotional/Behavior Assessment	BCBSTX	-
96130	Psychological and Neuropsychological Testing	Psychological Interpretation And Reporting Following Testing, By Qualified Health Care Professional, First Hour	BCBSTX	-
96131	Psychological and Neuropsychological Testing	Each Additional Hour Of 96130 (Not A Stand Alone Code)	BCBSTX	-
96132	Psychological and Neuropsychological Testing	Neuropsychological Interpretation And Reporting Following Testing, By Qualified Health Care Professional, First Hour	BCBSTX	-
96133	Psychological and Neuropsychological Testing	Each Additional Hour Of 96132 (Not A Stand Alone Code)	BCBSTX	-
96136	Psychological and Neuropsychological Testing	Administration Of Psychological Or Neuropsychological Testing By Physician Or Psychologist, First 30 Minutes	BCBSTX	-
96137	Psychological and Neuropsychological Testing	Each Additional 30 Minutes Of 96136 (Not A Stand Alone Code)	BCBSTX	-
96138	Psychological and Neuropsychological Testing	Administration Of Psychological Or Neuropsychological Testing By A Technician, First 30 Minutes	BCBSTX	-
96139	Psychological and Neuropsychological Testing	Each Additional 30 Minutes Of 96138 (Not A Stand Alone Code)	BCBSTX	-
96146	Psychological and Neuropsychological Testing	A Single Psychological Or Neuropsychological Test Administration By Computer	BCBSTX	-
90867	Repetitive Transcranial Magnetic Stimulation (rTMS)	Cranial Magn Stim Tx Plan	BCBSTX	-
90868	Repetitive Transcranial Magnetic Stimulation (rTMS)	Subsequent Delivery And Management, Per Session	BCBSTX	-
90869	Repetitive Transcranial Magnetic Stimulation (rTMS)	Subsequent Motor Threshold Re-Determination	BCBSTX	-

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**BLUE CROSS AND BLUE SHIELD OF TEXAS (BCBSTX)
2023 OUTPATIENT PRIOR AUTHORIZATION REQUIREMENTS BY PROCEDURE CODE FOR
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As a reminder, it is important to check eligibility and benefits before rendering services. This step will help you determine if benefit prior authorization is required for a member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSTX's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or has recommended clinical review not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Carelon Medical Benefits Management.

Update Post Date	Description
12/1/2021	Posting for PA codes being added and retired effective 04/01/2022.
3/1/2022	Posting for PA code J2506 replacing J2505 effective 03/01/2022, and for codes being removed effective 04/01/2022.
5/4/2022	Posting for Med Surg PA codes 23130 and C9757 being removed effective 07/01/2022, and Specialty Pharmacy PA code J0897 being added effective 08/01/2022 for BCBS (existing PA through Carelon).
7/1/2022	Posting for PA codes being added and retired effective 10/01/2022 on Medical Surgical and Specialty Pharmacy code tables..
9/12/2022	Effective 10/01/2022: Update to Category Names to Advanced Imaging/Radiology, Cardiology & Musculoskeletal_Joint, Spine Surgery and Musculoskeletal_Pain; ENT code updates include MP for certain codes and End Dated codes 69715 & 69718; 3 Ortho codes moved to Transplant Services, Transplant Evaluations and Transplants (FYI - not all codes for Transplant Services, Transplant Evaluations and Transplants have been included in this list); A note has been added as a reminder that this list also applies to certain ASO accounts. Effective 01/01/2023: 7 new drugs for Carelon medical oncology and supportive care PA; 4 drugs moving from BCBSTX provider administered drug therapy to Carelon medical oncology and supportive care; 1 new PA code for Radiation Therapy / Radiation Oncology
10/26/2022	Effective 01/01/2023: Removal of 3 termed Musculoskeletal Joint and Spine CPT Code, removal of 1 termed Molecular Genetic Lab CPT Code. 1 specialty pharmacy drug updated to Carelon review only. 1 specialty pharmacy drug name replacement.
11/22/2022	Effective 01/01/2023: Removal of 8 BH Codes, 6 OP surgery codes, 4 Molecular Genetic Lab Testing Codes. Addition of 2 BH Codes and 1 specialty pharmacy code.
12/22/2022	Effective 04/01/2023: Addition of transplant code list to TX FI grid, and 11 infusion site of care and 1 medical oncology & supportive care code.
3/23/2023	Effective 07/01/2023: Addition of 7 Medical Oncology drugs, replacement of 1 spine care code, addition of 23 genetic testing codes, 1 infusion SOC code replacement, 1 orthopedic musculoskeletal code replacement and 2 addition of advanced imaging codes.
5/17/2023	Effective 07/01/2023: Replacement of 3 medical oncology drugs to specific codes from last 3/23/23 update for effective date 7/1/23.
5/18/2023	Effective 07/01/2023: Replacement of 3 medical oncology drugs to specific codes from last 3/23/23 update for effective date 7/1/23.
9/18/2023	Effective 01/01/2024: Addition of 1 specialty pharmacy medication, addition of codes to genetic testing, medical oncology, and musculoskeletal joint and spine category.