

Preauthorization Quick Reference Guide

This Preauthorization Quick Reference Guide provides a comprehensive list of services requiring authorization.

Procedures & Tests

Services Requiring Preauthorization	CPT/HCPCS codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
Acute Inpatient Rehabilitation Level of Care	N/A	BCBSRI Traditional	Rendering	BCBSRI Policy
Ambulance Air and Water	A0430, A0431, A0435, A0436	BCBSRI Traditional	Rendering	BCBSRI Policy
Anastomosis of Extracranial-Intracranial Arteries	61711	Clear Coverage	Rendering	BCBSRI Policy
Angioplasty and Stent, Carotid	37215, 37217	Clear Coverage	Rendering	InterQual
Antireflux				
-Surgery or Hiatal Hernia Repair	43280, 43281, 43282, 43325, 43327, 43328, 43332, 43333,	Clear Coverage	Rendering	InterQual
Aortic Valvuloplasty, Percutaneous Balloon	92986	Clear Coverage	Rendering	InterQual
Arthroplasty, Temporomandibular Joint (TMJ)	21010, 21240, 21242, 21243	Clear Coverage	Rendering	InterQual
Arthroscopically Assisted Knee Surgery	29855, 29856, 29882, 29883, 29888, 29889	Clear Coverage	Rendering	InterQual
Arthroscopy, Temporomandibular Joint (TMJ)	29804	Clear Coverage	Rendering	InterQual
Artificial Disc Replacement, Cervical	22856	Clear Coverage	Rendering	InterQual
Autologous Chondrocyte Implantation	27412, J7330	Clear Coverage	Rendering	BCBSRI Policy
Autologous Platelet-Derived Growth Factors (PRP)	G0460-Q0	BCBSRI Traditional	Rendering	BCBSRI Policy
Bariatric Surgery				
-Adjustable Gastric Banding (Adolescent and Adult)	43770	Clear Coverage	Rendering	InterQual
-Biliopancreatic Diversion with Duodenal Switch (Adult)	43845, 43847	Clear Coverage	Rendering	InterQual
-Revisional Procedure (Adult)	43771, 43772, 43773, 43774, 43848	Clear Coverage	Rendering	InterQual
-Roux-en-Y Gastric Bypass (RYGB) (Adolescent and Adult)	43644, 43846, 43645, 43847 43645, 43847	Clear Coverage	Rendering	InterQual
-Sleeve Gastrectomy (Adolescent and Adult)	43775	Clear Coverage	Rendering	InterQual
Belimumab	J0490	BCBSRI Traditional	Rendering	BCBSRI Policy
Biofeedback	90901, 90911 (Medicare Only)	BCBSRI Traditional	Rendering	BCBSRI Policy
Blepharoplasty	15820, 15821, 15822, 15823	Clear Coverage	Rendering	InterQual
Bone Marrow Transplant	FEP Only	Clear Coverage	Rendering	InterQual
Botulinum Toxin	J0585, J0586, J0588	BCBSRI Traditional	Rendering	BCBSRI Policy
Brachytherapy, Prostate	55875, 55876	Clear Coverage	Rendering	InterQual
Breast Implant Removal	11971, 19328, 19330	Clear Coverage	Rendering	InterQual
Breast Reconstruction	11920, 11921, 19316, 19324, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396	Clear Coverage: *Exception: Prior Authorization not required for services related to reconstruction due to cancer, represented by ICD-10 diagnosis codes C50.011-C50.929; C79.81; D05.00-D05.92; Z42.1; Z85.3	Rendering	InterQual
Cardiac Hemodynamic Monitoring	93701 (Medicare Only)	Clear Coverage	Rendering	BCBSRI Policy
Cellular Immunotherapy for Prostate Cancer	Q2043	BCBSRI Traditional	Rendering	BCBSRI Policy
Corneal Collagen Cross-Linking	0402T (Commercial Only)	Clear Coverage	Rendering	BCBSRI Policy
Denosumab	J0897	BCBSRI Traditional	Rendering	BCBSRI Policy
Dental Services Rendered in the Outpatient Setting	D0120 - D9999	BCBSRI Traditional	Rendering	BCBSRI Policy
Discectomy				
-Fusion, Anterior Cervical	22220, 22551, 22554, 63075	Clear Coverage	Rendering	InterQual
-Lumbar	22224	Clear Coverage	Rendering	InterQual

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-Temporomandibular Join (TMJ)	21060	Clear Coverage	Rendering	InterQual
Fusions				
-Cervical Spine	22548, 22551, 22554, 22590, 22595, 22600	Clear Coverage	Rendering	InterQual
-Lumbar Spine	22533, 22558, 22612, 22630, 22633, 22800, 22804, 22810, 22812	Clear Coverage	Rendering	InterQual

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-Thoracic Spine	22532, 22556, 22610	Clear Coverage	Rendering	InterQual
Genetic Testing	Click here to review the policy and applicable codes.	Clear Coverage	Ordering	InterQual
-Afirma® Gene Expression Classifier	81545	Clear Coverage	Ordering	BCBSRI Policy
Hemilaminectomy				
-Cervical	63020, 63040, 63045, 63075	Clear Coverage	Rendering	InterQual
-Lumbar	63030, 63042, 63047, 63056	Clear Coverage	Rendering	InterQual
Hyperbaric Oxygen Therapy (HBO)	99183, G0277	Clear Coverage Exception: See separate policy "Hyperbaric Oxygen Therapy (HBO)" for diagnosis codes that do not require prior authorization.	Rendering	BCBSRI Policy
Implantable Cardioverter Defibrillator (ICD) Insertion	33202, 33203, 33216, 33217, 33224, 33230, 33231, 33240, 33241, 33249, 33262, 33263, 33264	Clear Coverage	Rendering	InterQual
Implantable Cardioverter Defibrillator, Subcutaneous (S-ICD) Insertion	33270, 33271, 33273	Clear Coverage	Rendering	InterQual
Implantation of Intrastromal Corneal Ring Segments	65785	Clear Coverage	Rendering	BCBSRI Criteria
Injectable Clostridial Collagenase for Fibroproliferative Disorders	J0775 (Medicare Only)	BCBSRI Traditional	Rendering	InterQual
Infertility Services	58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89280, 89281, 89255, 89268, 89272, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4042	Clear Coverage	Rendering	BCBSRI Policy
Injections				
-Epidural (For Pain Management Only)	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64483	Clear Coverage	Rendering	InterQual
-Facet Joint	64490, 64493	Clear Coverage	Rendering	InterQual
Intensity Modulated Radiotherapy	77301, 77338, 77385, 77386	Clear Coverage	Rendering	BCBSRI Criteria
- Abdomen and Pelvis	G6015, G6016			
- Breast and Lung				
- Central Nervous System Tumors				
- Head, Neck or Thyroid				
- Prostate				
Joint Replacement				
-Elbow	24360, 24361, 24362, 24363	Clear Coverage	Rendering	InterQual
-Shoulder	23470, 23472, 23473, 23474	Clear Coverage	Rendering	InterQual
-Wrist	25441, 25442, 25443, 25444, 25445, 25446	Clear Coverage	Rendering	InterQual
-Hip	27132, 27134, 27137, 27138	Clear Coverage	Rendering	InterQual
-Knee	27446, 27486, 27487	Clear Coverage	Rendering	InterQual
Keratoplasty	65710, 65730, 65750, 65755, 65756	Clear Coverage	Rendering	InterQual
Kyphoplasty or Vertebroplasty	22510, 22511, 22513, 22514,	Clear Coverage	Rendering	InterQual
Laminectomy				
-Cervical, with or without Fusion	22590, 22595, 22600, 63001, 63015, 63020, 63045, 63050,	Clear Coverage	Rendering	InterQual

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	63051			
-Lumbar, with or without Fusion	22612, 22630, 63005, 63012, 63017, 63047	Clear Coverage	Rendering	InterQual
-Thoracic, with or without Fusion	22206, 22610, 63003, 63016, 63046, 63077	Clear Coverage	Rendering	InterQual
Laser Treatment for Proliferative Vascular Lesions	17106, 17107, 17108	Clear Coverage	Rendering	BCBSRI Policy
Lid Lesion Excision with or without Reconstruction	67800, 67801, 67805, 67808, 67810, 67840, 67961, 67966, 67971, 67973, 67974, 67975	Clear Coverage	Rendering	InterQual
New Technology	31298, 0481T, 0485T, 0486T, 0487T, 0489T, 0490T, 0491T (Medicare Only)	BCBSRI Traditional	Rendering	BCBSRI Policy
Omalizumab	J2357	BCBSRI Traditional	Rendering	BCBSRI Policy
Orthognathic Surgery	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209 (Commercial Only)	Clear Coverage	Rendering	BCBSRI Policy
Outpatient Pulmonary Rehabilitation	G0242, S9473	BCBSRI Traditional	Rendering	BCBSRI Policy
Panniculectomy, Abdominal	15830	Clear Coverage	Rendering	InterQual
Pediatric Feeding Disorders Treatment	92526 (Medicare Only)	BCBSRI Traditional	Rendering	BCBSRI Policy
Pegloticase	J2507	BCBSRI Traditional	Rendering	BCBSRI Policy
Percutaneous Coronary Interventions (PCI), Elective Only	92920, 92924, 92928, 92933, 92937, 92941, 92943	Clear Coverage	Rendering	InterQual
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	33340	Clear Coverage	Rendering	BCBSRI Policy
Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction	64566 effective 09/01 (Commercial & Medicare)	Clear Coverage	Rendering	BCBSRI Policy
Private Duty Nursing	G0154	BCBSRI Traditional	Rendering	BCBSRI Policy
Proton Beam Radiotherapy (PBRT)	77520, 77522, 77523, 77525	Clear Coverage	Rendering	BCBSRI Policy
Ptosis Repair	67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911	Clear Coverage	Rendering	InterQual
Radioembolization for Primary and Metastatic Tumors of the Liver	77399	BCBSRI Traditional	Rendering	BCBSRI Policy
Radiofrequency				
-Ablation, Liver	47370, 47380, 47382	Clear Coverage	Rendering	InterQual
-Ablation of Misc. Solid Tumors Excluding Liver Tumors	20982, 32998	Clear Coverage	Rendering	BCBSRI Policy
	32994 (Medicare only)			
-Cryoablation, Renal	50250, 50542, 50592, 50593	Clear Coverage	Rendering	InterQual
Radiology (High Tech)	70000 series range (see policy for details), 0042T, G0219, G0252, S8032, S8037, S8042	eviCore healthcare	Ordering	eviCore healthcare
Radium 223, Xofigo for Treatment of Metastatic, Castration Resistant Prostate Cancer	A9606	BCBSRI Traditional	Rendering	BCBSRI Policy
Reconstruction, Temporomandibular Joint (TMJ)	21050, 21070, 21244, 21245, 21247, 21255	Clear Coverage	Rendering	InterQual
Reduction Mammoplasty	19318	Clear Coverage	Rendering	InterQual
Respiratory Syncytial Virus Prophylaxis	90378	BCBSRI Traditional	Rendering	BCBSRI Policy
Removal of Non-Covered Implantable Devices				
-Aortic Counterpulsation Ventricular Assist Systems and component	0455T, 0456T, 0457T, 0458T	Clear Coverage	Rendering	BCBSRI Policy
-Artificial Intervertebral Disc	22865	Clear Coverage	Rendering	BCBSRI Policy

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-Carotid Sinus Baroflex Activation Device	0269T, 0270T, 0271T	Clear Coverage	Rendering	BCBSRI Policy
-Chest Wall Respiratory Sensor Electrode	0468T	Clear Coverage	Rendering	BCBSRI Policy
-Esophageal Sphincter Augmentation Device	43285	Clear Coverage	Rendering	BCBSRI Policy
- Intracardiac Ischemia Monitoring System	0530T, 0532T (new codes effective 01/01/2019)	Clear Coverage	Rendering	BCBSRI Policy
-Sinus Tarsi Implant	0510T (new code effective 01/01/2019)	Clear Coverage	Rendering	BCBSRI Policy
-Vagus Nerve Blocking Therapy	0314T, 0315T	Clear Coverage	Rendering	BCBSRI Policy
-Wireless Cardiac Stimulation System for Left Ventricular Pacing	0518T (new code effective 01/01/2019)	Clear Coverage	Rendering	BCBSRI Policy

Services Requiring Preauthorization	CPT/HCPCS codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
-Gastric Electrical Stimulation	43648, 43882, 64595	Clear Coverage	Rendering	BCBSRI Policy
-Interstitial Glucose Sensor	0447T	Clear Coverage	Rendering	BCBSRI Policy
-Neurostimulator System for Treatment of Central Sleep Apnea	0428T, 0429T, 0430T	Clear Coverage	Rendering	BCBSRI Policy
-Occipital Nerve Stimulation	64570	Clear Coverage	Rendering	BCBSRI Policy
-Permanent Cardiac Contractility System	0412T, 0413T	Clear Coverage	Rendering	BCBSRI Policy
-Permanent Leadless Pacemaker, Ventricular	0388T	Clear Coverage	Rendering	BCBSRI Policy
Rhinoplasty	30410, 30420, 30435, 30450, 30460, 30462	Clear Coverage	Rendering	InterQual
Scoliosis Surgery	22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22849, 22850	Clear Coverage	Rendering	InterQual
Sleep Studies				
-Multiple Sleep Latency Test (MSLT)	95805	Clear Coverage	Rendering	InterQual
-Polysomnogram (PSG), Facility Based Only	95808, 95810, 95811	Clear Coverage	Rendering	InterQual
Skilled Nursing Facilities: Admissions and Concurrent Review	N/A	BCBSRI Traditional	Ordering	BCBSRI Policy
Spinal Cord Stimulator (SCS) Insertion	63650, 63655, 63663, 63685	Clear Coverage	Rendering	InterQual
Stereotactic Radiation	32701, 77373, 77435	Clear Coverage	Rendering	BCBSRI Policy
Total Joint Replacement (TJR)				
-Ankle	27702	Clear Coverage	Rendering	InterQual
-Hip	27130, 27132	Clear Coverage	Rendering	InterQual
-Knee	27447	Clear Coverage	Rendering	InterQual
Transarterial Chemoembolization (TACE) Liver	37242, 37243	Clear Coverage Exception: Prior Authorization not required for services related to uterine fibroids, represented by ICD-10 diagnosis codes D25.0-D25.9 and O72.0-O72.2.	Rendering	InterQual
Transcatheter Aortic-Valve Implantation for Aortic Stenosis	33361, 33362, 33363, 33364, 33365, 33366 (Commercial Only)	Clear Coverage	Rendering	BCBSRI Policy (Medicare) InterQual (Commercial)
Transcatheter Mitral Valve Replacement (Effective 11/01/18)	33418, 0345T (Commercial Only)	Traditional	Rendering	BCBSRI Policy
Transcranial Magnetic Stimulation	90867, 90868, 90869	BCBSRI Traditional	Rendering	BCBSRI Policy
Uvulopalatopharyngoplasty (UPPP)	42145	Clear Coverage	Rendering	InterQual
Uterine Artery Embolization	37243	Clear Coverage	Rendering	InterQual
Vagal Nerve Stimulator	61885, 61886, 64553, 64568, 64575	Clear Coverage	Rendering	InterQual
Varicose Veins	36465, 36466, 36470, 36471, 36475, 36478, 36482, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, S2202	Clear Coverage	Rendering	BCBSRI Policy

Durable Medical Equipment

Services Requiring Preauthorization	CPT/HCPCS codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
Air Fluidized Bed	E0194	Clear Coverage	Rendering	InterQual
Artificial Pancreas Device System	S1034, S1036, S1037	Clear Coverage	Rendering	BCBSRI
Bone Growth Stimulators	E0747, E0748, E0760	Clear Coverage	Rendering	InterQual
Breast Pump, Hospital Grade, Electric	E0604	Clear Coverage	Rendering	BCBSRI
Cardioverter Defibrillator, Wearable (WCD)	K0606, K0608	Clear Coverage	Rendering	InterQual
Continuous Passive Motion (CPM) Device, Upper Extremity	E0936	Clear Coverage	Rendering	InterQual
*Functional Neuromuscular Electrical Stimulation	E0764, E0770 (Medicare Only)	Clear Coverage	Rendering	BCBSRI
Hospital Beds and Cribs	E0265, E0266, E0296, E0297	Clear Coverage	Rendering	InterQual
Medical Food	S9433, S9434, S9435 (Commercial Only)	Clear Coverage	Rendering	BCBSRI
13Orthoses, Upper Extremity	E1800, E1802, E1805, E1825	Clear Coverage	Rendering	InterQual
Pneumatic Compression Devices	E0650, E0651, E0652, E0655, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673	Clear Coverage	Rendering	InterQual
Power Operated Vehicles	K0800, K0801, K0802, K0806, K0807, K0808, K0812	Clear Coverage	Rendering	InterQual
Power Wheelchairs	E0983, E0984, E0986, K0013, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891	Clear Coverage	Rendering	InterQual
Prosthetic Devices	L5610, L5613, L5614, L5722, L5724, L5726, L5728, L5780, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5848, L5856, L5857, L5858, L5859, L5930, L5961, L5973, L5976, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987	Clear Coverage	Rendering	InterQual
Seat Lift Mechanism	E0627	Clear Coverage	Rendering	InterQual
Secretion Clearance Devices	E0480, E0481, E0483, E0484	Clear Coverage	Rendering	InterQual
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512	Clear Coverage	Rendering	InterQual

Support Surfaces	E0181, E0184, E0185, E0186, E0187, E0188, E0189, E0193, E0196, E0197, E0198, E0199, E0277, E0371, E0372, E0373	Clear Coverage	Rendering	InterQual
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Rendering = The provider performing the service, procedure, or test.

Ordering = The provider requesting the service, procedure, or test be performed.

BCBSRI Traditional = Preauthorization managed by BCBSRI.

Clear Coverage = Preauthorization managed through the Clear Coverage web-based decision support tool.

eviCore healthcare = Preauthorization managed by eviCore healthcare.

BCBSRI Policy = Medical policy criteria developed by BCBSRI.

InterQual = Nationally recognized evidence-based clinical decision support criteria.



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