



**EFFECTIVE DATE:** 12|01|2014  
**POLICY LAST UPDATED:** 09|02|2014

## **OVERVIEW**

This policy documents the prior authorization request process for certain medical procedures, using the BCBSRI online prior authorization tool. Therapies such as PT/OT, Speech and Pulmonary Rehab, and certain drugs such as Belimumab will not be authorized by this system. Please refer to the individual policies on the web.

There is no change to the prior authorization process for Specialty Pharmacy drugs.

## **MEDICAL CRITERIA**

Generally InterQual criteria is used to determine medical necessity. However, for those policies specifically listed in the Related Policies section of this policy, BCBSRI medical criteria is used.

## **PRIOR AUTHORIZATION**

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products.

## **POLICY STATEMENT**

### **Blue CHiP for Medicare and Commercial**

Requests for medical procedures should be obtained via the BCBSRI online prior authorization tool which is available only to participating providers. All other providers should fax the request to Utilization Management at 401-272-8885 to complete the prior authorization process. Please see reference to the procedures requiring prior authorization through the online tool below.

<https://www.bcsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

Medical Procedures are considered medically necessary when the criteria in the BCBSRI online prior authorization tool has been met.

## **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable coverage for surgery.

## **BACKGROUND**

Not applicable.

## **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable coverage for surgery.

## **CODING**

The following CPT and HCPCS codes require Prior Authorization:

**NOTE: Effective October 1, 2015, the services identified in blue font below will require prior authorization through the BCBSRI online prior authorization tool.**

Anastomosis of Extracranial-Intracranial Arteries:  
61711

Angioplasty and Stent, Carotid:  
35475, 37215, 37217

Antireflux Surgery or Hiatal Hernia Repair:  
43280, 43281, 43282, 43325, 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337

Aortic Valvuloplasty, Percutaneous Balloon:  
33403, 92986

Arthroplasty, Temporomandibular Joint (TMJ):  
21010, 21240, 21242, 21243

Arthroscopically Assisted Knee Surgery:  
29855, 29856, 29882, 29883, 29888, 29889

Arthroscopy, Temporomandibular Joint (TMJ):  
29804

Autologous Chondrocyte Implantation:  
27412, J7330

Bariatric Surgery (Adolescent)  
Adjustable Gastric Banding: 43770  
Roux-en-Y Gastric Bypass (RYGB): 43644, 43645, 43846, 43847  
Sleeve Gastrectomy: 43775

Bariatric Surgery (Adult)  
Adjustable Gastric Banding: 43770  
Biliopancreatic Diversion with Duodenal Switch: 43845, **43847**  
Revisional Procedure: 43771, 43772, 43773, 43774, 43848  
Roux-en-Y Gastric Bypass (RYGB): 43644, **43645**, 43846, **43847**  
Sleeve Gastrectomy: 43775

Blepharoplasty:  
15820, 15821, 15822, 15823

Bone Marrow Transplant:  
Members with FEP coverage requiring a bone marrow transplant require prior authorization.

Brachytherapy, Prostate:  
55875, 55876, 77776, 77777, 77778, 77785, 77786, 77787

Breast Implant Removal:  
11971, 19328, 19330

Breast Reconstruction: for conditions other than part of reconstruction due to cancer

11920, 11921, 19316, 19324, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396

Capsule Endoscopy:  
91110, 91111

Cardiac Hemodynamic Monitoring:  
93701 (Medicare Only)

Chemoembolization and Radiofrequency Ablation, Liver:  
37242, 37243, 47370, 47380, 47382

Discectomy:  
Lumbar: 22224  
Temporomandibular Joint (TMJ): 21060

Discectomy and Fusion, Anterior Cervical:  
22220, 22551, 22554, 63075

Endoscopic Antireflux Procedures:  
43235

Epidural Injection, For Pain Management Only  
The following codes would not be used for maternity delivery or as an anesthetic for surgical procedures.  
62310, 62311, 64479, 64483

External Counterpulsation (ECP):  
G0166 (Medicare only)

Facet Joint Injection:  
64490, 64493

Fusion:  
Cervical Spine: 22548, 22551, 22554, 22590, 22595, 22600  
Lumbar Spine: 22533, 22558, 22612, 22630, 22633, 22800, 22804, 22810, 22812  
Thoracic Spine: 22532, 22556, 22610

Hemilaminectomy:  
Cervical: 63020, 63040, 63045, 63075  
Lumbar: 63030, 63042, 63047, 63056

Hyperbaric Oxygen Therapy (HBO):  
99183, **G0277**

Implantable Cardioverter Defibrillator (ICD) Insertion: (Excludes Subcutaneous Implantable Cardioverter-Defibrillator)  
33202, 33203, 33216, 33217, 33224, 33230, 33231, 33240, 33241, 33249, 33262, 33263, 33264  
Subcutaneous Implantable Cardioverter Defibrillator (S-ICD): 33270, 33271, 33273 (Medicare Only)

Injectable Clostridial Collagenase for Fibroproliferative Disorders:  
20527, J0775

Interspinous Process Decompression:

0171T (Medicare Only)

Joint Replacement:

Elbow: 24360, 24361, 24362, 24363

Shoulder: 23470, 23472

Wrist: 25332, 25441, 25442, 25443, 25444, 25445, 25446, 25447

Keratoplasty:

65710, 65730, 65750, 65755, 65756

Kyphoplasty or Vertebroplasty:

22510, 22511, 22513, 22514, **S2360**

Laminectomy:

Cervical, with or without Fusion: 22590, 22595, 22600, 63001, 63015, 63020, 63045, 63050, 63051

Lumbar, with or without Fusion: 22612, 22630, 63005, 63012, 63017, 63047

Thoracic, with or without Fusion: 22206, 22610, 63003, 63016, 63046, 63077

Laser Treatment for Proliferative Vascular Lesions:

17106, 17107, 17108

Lid Lesion Excision with or without Reconstruction:

67800, 67801, 67805, 67808, 67810, 67840, 67961, 67966

Lid Reconstruction:

13151, 13152, 14060, 14061, 15120, 15260, 15576, 15630, 67961, 67966, 67971, 67973, 67974, 67975

Non-Contact, Non-thermal Ultrasound Treatment for Wounds:

97610 (Medicare only)

Orthognathic Surgery:

21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21247

Panniculectomy, Abdominal:

15830

Percutaneous Coronary Interventions (PCI), Elective Only:

92920, 92924, 92928, 92933, 92937, 92941, 92943

Polysomnogram (PSG), Facility Based Only:

95805, 95808, 95810, 95811

Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction:

64566 (Medicare Only)

Proton Beam Radiotherapy (PBRT):

77520, 77522, 77523, 77525

Ptosis Repair:

67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911

**Radiofrequency Ablation of Solid Miscellaneous Tumors, Excluding Liver Tumors**

**20982, 32998**

Radiofrequency Ablation (RFA), Renal:  
50250, 50542, 50592, 50593

Reconstruction, Temporomandibular Joint (TMJ):  
21050, 21070, 21240, 21242, 21243, **21244, 21245, 21247**, 21255

Reduction Mammoplasty:  
19318

Removal and Replacement, Total Joint Replacement (TJR):  
Hip: 27132, 27134, 27137, 27138  
Knee: 27486, 27487  
Shoulder: 23470, 23472, 23473, 23474

Removal of Non-Covered Implantable Devices  
Artificial Intervertebral Disc: 22864, 22865  
Bone Conduction Hearing Device: 69711  
**Esophageal Sphincter Augmentation Device: 0393T**  
Gastric Electrical Stimulation: 43648, 43882, 64595  
Occipital Nerve Stimulation: 64570  
**Peripheral Subcutaneous Field Stimulator: 0284T**  
Subcutaneous Implantable Cardioverter Defibrillator: 33272 (Commercial Only)

Rhinoplasty:  
30410, 30420, 30435, 30450, 30460, 30462

Sacroiliac (SI) Joint Injection:  
27096

Scoliosis Surgery:  
22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22849, 22850

Septoplasty:  
30520

Sleep Studies  
Multiple Sleep Latency Test (MSLT): 95805  
Polysomnogram (PSG), Facility Based Only: 95808, 95810, 95811

Spinal Cord Stimulator (SCS) Insertion:  
63650, 63655, 63663, 63685

Stereotactic Radiation:  
32701, 77373, 77435

Total Joint Replacement (TJR):  
Ankle: 27702  
Hip: 27130, 27132  
Knee: 27447

Transcatheter Aortic-Valve Implantation for Aortic Stenosis:

33361, 33362, 33363, 33364, 33365, 33366

Unicondylar Knee Replacement:  
27446

Upper Gastrointestinal Endoscopy:  
[43191](#), [43192](#), 43197, 43235

Uvulopalatopharyngoplasty (UPPP):  
42145

Vagal Nerve Stimulator:  
61885, 61886, 64553, 64568, 64575

Varicose Vein Treatment:  
Echosclerotherapy: S2202  
Endovenous Ablation: 36475, 36478  
Ligation/Excision with or without Stripping: 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785  
Sclerotherapy: 36470, 36471  
Stab Phlebectomy: 37765, 37766  
Vascular Endoscopy: 37500

#### **RELATED POLICIES**

Anastomosis of Extracranial-Intracranial Arteries  
Autologous Chondrocyte Implantation  
Cardiac Hemodynamic Monitoring  
External Counterpulsation (ECP)  
Hyperbaric Oxygen Therapy (HBO)  
Injectable Clostridial Collagenase for Fibroproliferative Disorders  
Laser Treatment for Proliferative Vascular Lesions  
Non-Contact, Non-thermal Ultrasound Treatment for Wounds  
Orthognathic Surgery  
Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction  
Removal of Non-Covered Implantable Devices  
Stereotactic Body Radiation Therapy  
Transcatheter Aortic-Valve Implantation for Aortic Stenosis

#### **PUBLISHED**

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#### **REFERENCES**

Not applicable.

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