



Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP)

## Prior Authorization Requirement Changes Effective July 1, 2025

Effective July 1, 2025, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by *Blue Cross NC* for Healthy Blue + Medicare members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. **If the requirements are not met, those services may be deemed ineligible for payment. Providers may appeal online through <https://Availity.com> or by calling the Provider Services number for *Blue Cross NC* at 833-540-2106 with additional information, which may include medical records.**

Prior authorization requirements will be added for the following code(s):

Code	Description
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area
15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
31574	Laryngoscopy, flexible; with injection(s) for augmentation (for example, percutaneous, transoral), unilateral
46707	Repair of anorectal fistula with plug (for example, porcine small intestine submucosa [SIS])
65778	Placement of amniotic membrane on the ocular surface; without sutures
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured

<https://bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

®, <sup>SM</sup> are marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association.

NCBCBS-CR-077743-25-CPN77344 March 2025

UM AROW A2025M2995

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare  
Prior Authorization Requirement Changes Effective July 1, 2025

65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
A2001	Innovamatrix ac, per square centimeter/Original description: Miscellaneous with Motor >49.15., without comorbidities,10/2019 description: Miscellaneous M >=66.50., without comor
A2002	Mirragen advanced wound matrix, per square centimeter/Original description: Miscellaneous with Motor >38.75 & Motor < 49.15., without comorbidities,10/2019 description: Miscella
A2004	Xcellistem, 1 mg/Original description: Miscellaneous with Motor < 27.85, without comorbidities,10/2019 description: Miscellaneous M < 46.50 and A >=77.50., without comorbidities
A2005	Microlyte matrix, per square centimeter/Miscellaneous M < 46.50 and A < 77.50., without comorbidities
A2006	Novosorb synpath dermal matrix, per square centimeter
A2007	Restrata, per square centimeter
A2008	Theragenesis, per square centimeter
A2009	Symphony, per square centimeter
A2010	Apis, per square centimeter
A2011	Supra SDRM, per sq cm
A2012	SUPRATHEL, per sq cm
A2013	Innovamatrix FS, per sq cm
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix Wound Matrix, per sq cm
A2016	Permeaderm b, per square centimeter
A2017	PermeaDerm Glove, each
A2018	Permeaderm c, per square centimeter
A2022	InnovaBurn or InnovaMatrix XL, per sq cm
A2023	InnovaMatrix PD, 1 mg
A2024	Resolve matrix or xenopatch, per square centimeter
A2025	Miro3D, per cu cm
A2027	Matriderm, per square centimeter
A2028	Micromatrix flex, per mg
A2029	Mirotract wound matrix sheet, per cubic centimeter
C1832	Autograft suspension, including cell processing and application, and all system components
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare  
Prior Authorization Requirement Changes Effective July 1, 2025

C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm
C9364	Porcine implant, Permacol, per sq cm
Q4101	Apligraf, per square centimeter
Q4102	Oasis wound matrix, per square centimeter
Q4103	Oasis burn matrix, per square centimeter
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
Q4106	Dermagraft, per square centimeter
Q4107	Graftjacket, per square centimeter
Q4108	Integra matrix, per square centimeter
Q4110	Primatrix, per square centimeter
Q4111	Gammagraft, per square centimeter
Q4112	Cymetra, injectable, 1cc
Q4113	GRAFTJACKET XPRESS, injectable, 1cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	Alloskin, per square centimeter
Q4116	Alloderm, per square centimeter
Q4117	Hyalomatrix, per square centimeter
Q4118	Matristem micromatrix, 1 mg
Q4121	Theraskin, per square centimeter
Q4122	Dermacell, per square centimeter
Q4124	OASIS ultra tri-layer wound matrix, per sq cm
Q4125	Arthroflex, per sq cm
Q4128	FlexHD, or AllopatchHD, per sq cm
Q4130	Strattice TM, per sq cm
Q4132	Grafix Core and GrafixPL Core, per sq cm

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare  
Prior Authorization Requirement Changes Effective July 1, 2025

Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
Q4134	Hmatrix, per square centimeter
Q4136	Ez-derm, per square centimeter
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm
Q4138	Biodfence dryflex, per square centimeter
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Q4140	Biodfence, per square centimeter
Q4141	Alloskin ac, per square centimeter
Q4142	Xcm biologic tissue matrix, per square centimeter
Q4143	Repriza, per square centimeter
Q4145	Epifix, injectable, 1 mg
Q4146	Tensix, per square centimeter
Q4147	Architect extracellular matrix, per square centimeter
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap ds or dry, per square centimeter
Q4151	Amnioband or guardian, per square centimeter
Q4152	Dermapure, per square centimeter
Q4153	Dermavest, per square centimeter
Q4154	Biovance, per square centimeter
Q4155	Neoxflo or clarixflo, 1 mg
Q4156	Neox 100 or Clarix 100, per sq cm
Q4157	Revitalon, per square centimeter
Q4158	Kerecis Omega3, per sq cm
Q4159	Affinity, per square centimeter
Q4160	Nushield, per square centimeter
Q4161	Bio-connekt wound matrix, per square centimeter
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Q4163	WoundEx, BioSkin, per sq cm
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix, per square centimeter
Q4166	Cytal, per square centimeter
Q4167	Truskin, per square centimeter
Q4168	Amnioband, 1 mg
Q4169	Artacent wound, per square centimeter
Q4170	Cygnus, per square centimeter
Q4171	Interfyl, 1 mg
Q4173	Palingen or palingen xplus, per square centimeter
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
Q4176	Neopatch or Therion, per sq cm
Q4177	FlowerAmnioFlo, 0.1 cc
Q4178	FlowerAmnioPatch, per sq cm

Blue Cross and Blue Shield of North Carolina  
 Healthy Blue + Medicare  
 Prior Authorization Requirement Changes Effective July 1, 2025

Q4179	FlowerDerm, per sq cm
Q4180	Revita, per sq cm
Q4181	Amnio Wound, per sq cm
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Q4186	Epifix, per sq cm
Q4187	Epicord, per sq cm
Q4188	AmnioArmor, per sq cm
Q4192	Restorigin, 1 cc
Q4195	PuraPly, per sq cm
Q4196	PuraPly AM, per sq cm
Q4197	PuraPly XT, per sq cm
Q4199	Cygnus matrix, per square centimeter
Q4201	Matrion, per sq cm
Q4203	Derma-Gide, per sq cm
Q4205	Membrane graft or membrane wrap, per square centimeter
Q4213	Ascent, 0.5 mg
Q4222	Progenamatrix, per square centimeter
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm
Q4246	CoreText or ProText, per cc
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm
Q4250	Amnioamp-mp, per square centimeter
Q4251	Vim, per sq cm
Q4252	Vendaje, per sq cm
Q4253	Zenith Amniotic Membrane, per sq cm
Q4259	Celera dual layer or celera dual membrane, per square centimeter
Q4261	Tag, per square centimeter
Q4262	Dual layer impax membrane, per square centimeter
Q4264	Cocoon membrane, per square centimeter
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm
Q4286	NuDYN SL or NuDYN SLW, per sq cm
V2790	Amniotic Membrane

Not all PA requirements are listed here. Detailed PA requirements are available to providers on <https://bluecrossnc.com/providers/prior-authorization> or, for contracted providers, by accessing <https://Avality.com>. Providers may also contact Provider Services at **833-540-2106** for assistance with PA requirements.