



BlueCross BlueShield
of North Carolina

MEDICARE

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + MedicareSM (HMO-POS D-SNP)

Precertification/Prior Authorization Requirement Changes Effective November 1, 2025

Effective November 1, 2025, precertification/prior authorization requirements for the following codes will change. The medical codes listed below will require precertification/prior authorization 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 Availity Essentials (<https://Availity.com>) or by phone by calling **833-540-2106** with additional information, which may include medical records.

Precertification/prior authorization requirements will be added for the following codes:

Code	Description
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood
0524U	Obstetrics (preeclampsia), sFlt1/PlGF ratio, immunoassay, utilizing serum or plasma, reported as a value
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib)
0686T	Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
0888T	Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance

<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.

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NCBCBS-CR-084745-25-CPN84299 July 2025

UM AROW A2025M3433



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Code	Description
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
0910T	Removal of integrated neurostimulation system, vagus nerve
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral
15011	Harvest of skin for autograft; first
15012	Harvest of skin for autograft; each additional 25 sq cm
15013	Preparation of skin autograft, requiring enzymatic processing; first 25 sq cm or less
15014	Preparation of skin autograft, requiring enzymatic processing; each additional 25 sq cm
15015	Application of skin autograft; first 480 sq cm or less
15016	Application of skin autograft; each additional 480 sq cm
15017	Application of skin autograft; first 480 sq cm or less
15018	Application of skin autograft; each additional 480 sq cm
60660	Percutaneous ablation of 1 or more thyroid nodule(s)
60661	Percutaneous ablation of additional lobe of thyroid nodule(s)
61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
82233	Beta-amyloid; 1-40
82234	Beta-amyloid; 1-42
83884	Neurofilament light chain
84393	Tau, phosphorylated
84394	Tau, total
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)

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Code	Description
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)
C9804	Elastomeric infusion pump (e.g., On-Q* pump with bolus), including catheter and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
C9808	Nerve cryoablation probe (e.g., cryoICE, cryoSPHERE, cryoSPHERE MAX, cryo2), including probe and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, senso
E1822	Dynamic adjustable ankle extension only device, includes soft interface material
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
E1828	Dynamic adjustable toe extension only device, includes soft interface material
E1829	Dynamic adjustable toe flexion only device, includes soft interface material

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