

## Codes by procedure types requiring medical records submissions

The following is a list of the CPT, Revenue and HCPCS codes known to typically require additional information to the document medical necessity for Federal Employee Program (FEP) patients. When reporting one of the following codes on a FEP member's claim, only the medical records identified as "Information Required" should be submitted to Blue Cross NC in advance of the claim being filed.

Please note this code listing is not to be considered all-inclusive and is subject to revision by Blue Cross NC at any time.

Code		Description	Required Medical Record
HCPCS Code		Unlisted Surgical Procedure	<ul style="list-style-type: none"> <li>Operative report</li> </ul>
HCPCS or CPT Codes		Unlisted DME	<ul style="list-style-type: none"> <li>Certificate of Medical Necessity</li> </ul>
HCPCS Codes		Unlisted Drugs	<ul style="list-style-type: none"> <li>NDC #, Drug Name and Dosage</li> </ul>
CPT Codes	81507, 81420, 81479, 81599	Noninvasive Prenatal Testing for Fetal Aneuploidies Using Cell-Free Fetal DNA (Where the Maternal age of 35 years or older at delivery)	<ul style="list-style-type: none"> <li>Fetal ultrasonographic findings indicating increased risk of aneuploidy;</li> <li>History of previous pregnancy with a trisomy;</li> <li>Standard serum screening test positive for aneuploidy</li> </ul>
CPT Codes	0191T	Insertion of anterior segment aqueous drainage device, without extra ocular reservoir, internal approach, into the trabecular meshwork; initial insertion	<ul style="list-style-type: none"> <li>Serial physician office notes, medication record, operative report and history &amp; physical.</li> </ul>
CPT Codes	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space, initial device	<ul style="list-style-type: none"> <li>Serial physician office notes, medication record, operative report and history &amp; physical.</li> </ul>
CPT Codes	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space, each additional device (list separately in addition to code for primary procedure)	<ul style="list-style-type: none"> <li>Serial physician office notes, medication record, operative report and history &amp; physical.</li> </ul>
CPT Code	15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277,	Cult skin graft t/arm/leg Cult skin graft t/a/l addl Cult skin graft t/a/l +% Cult skin graft f/n/hf/g Cult skin graft f/n/hfg add Cult epiderm graft f/n/hfg +% Skin sub graft trnk/arm/leg Skin sub graft t/a/l add-on Skin sub graft t/arm/lg child Skn sub graft t/a/l child add Skin sub graft face/nk/hf/g Skin sub graft f/n/hf/g addl Skn sub graft f/n/hf/g child Skn sub graft f/n/hf/g ch add	<ul style="list-style-type: none"> <li>Serial Md Office Notes, Op Report, H&amp;P</li> </ul>

	15278, 15777	Acellular derm matrix implt	
CPT Code	66174	Translum dil eye canal	<ul style="list-style-type: none"> <li>Serial physician office notes, medication record, operative report, and history &amp; physical.</li> </ul>
CPT Code	66175	Translum dil eye canal w/stnt	<ul style="list-style-type: none"> <li>Serial physician office notes, medication record, operative report, and history &amp; physical.</li> </ul>
CPT Code	43659	Unlisted laparoscopy procedure, stomach	<ul style="list-style-type: none"> <li>Operative Report</li> </ul>
Revenue Code	017X	Newborn (for sick baby claims)	<ul style="list-style-type: none"> <li>Discharge Summary</li> </ul>
HCPCS	Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4131, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152,	Specific Skin Graft codes	<ul style="list-style-type: none"> <li>Serial Office Notes, H&amp;P and Op Report</li> </ul>



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	Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4172, Q4173, Q4174, Q4175 C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, C9354, C9356, C9358, C9360, C9363, C9364		
HCPCS Code	A0430 A0431 A0435 A0436	Ambulance Services	<ul style="list-style-type: none"><li>• Transport Log and The need for transfer if hospital to hospital</li></ul>
HCPCS Code	C1899	Implantable / insertable device for device intensive procedure, not otherwise classified	<ul style="list-style-type: none"><li>• The Operative Report and the Implant Log</li></ul>

### Issue History

Issue	Description	Date
1	• Original	8-Nov-18