

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	Operative report
HCPCS Code		Unlisted DME	Certificate of Medical Necessity
HCPCS Code		Unlisted Drugs	NDC #, Drug Name and Dosage
CPT Code	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)	Fetal ultrasonographic findings indicating increased risk of aneuploidy; History of previous pregnancy with a trisomy; Standard serum screening test positive for aneuploidy
CPT Code	81342	Tier I Molecular Pathology Procedure	Initial office visit and complete H&P, treatment plan, MD progress notes, supporting labs/pathology/genetic testing
CPT Code	83993	Chemistry Procedures	Initial office visit and complete H&P with supporting labs/pathology
CPT Code	92700	Other Otorhinolaryngological Service or Procedures	Office and complete procedure note, which includes a description of the unlisted procedure and explanation for use of the unlisted code
CPT Code	94799	Pulmonary Diagnostic Testing and Therapies	Office and complete procedure note, which includes a description of the unlisted procedure and explanation for use of the unlisted code
CPT Code	41899	Other Procedures on the Dentoalveolar Structures	H&P and operative report only except for patients over the age of



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			22. For members over 22 yo, we will need a detailed H&P and LMN that supports hospitalization (inpt. or outpt.) for dental procedures
CPT Code	0191T	Insertion of anterior segment aqueous drainage device, without extra ocular reservoir, internal approach, into the trabecular meshwork; initial insertion	Serial physician office notes, medication record, operative report and history & physical.
CPT Code	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space, initial device	Serial physician office notes, medication record, operative report and history & physical.
CPT Code	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)	Serial physician office notes, medication record, operative report and history & physical.
CPT Code	15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777	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 Acellular derm matrix implt	Serial Md Office Notes, Op Report, H&P
CPT Code	66174	Translum dil eye canal	Serial physician office notes, medication record, operative report, and history & physical.
CPT Code	66175	Translum dil eye canal w/stnt	Serial physician office notes, medication record, operative report, and history & physical.
CPT Code	43659	Unlisted laparoscopy procedure, stomach	Operative Report



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CPT Code	J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Initial office visit and all related office visits with MD progress notes, complete clinical history, treatment plan, supporting pre-treatment labs/genetic tests
CPT Code	J3262	Tocilizumab injection	Initial office visit, H&P, treatment plan, inadequate response to prior therapies
CPT Code	J9299	Injection, nivolumab	Initial office visit, complete H&P, treatment plan, MD progress notes, supporting labs/pathology/genetic testing
CPT Code	J9228	Ipilimumab injection	Initial office visit, complete H&P, treatment plan, MD progress notes, supporting labs/pathology
CPT Code	77386	Radiation Treatment Delivery	Initial office evaluation complete H&P, treatment plan
CPT Code	78815	Other Diagnostic Nuclear Medicine Procedures	Initial office evaluation, complete H&P, treatment plan, MD progress notes
CPT Code	J0185	Injection, aprepitant, 1 mg	History and physical
CPT Code	E0218	Fluid circulating cold pad with pump, any type	History and physical or operative report and CMN with start date, length of need, **not eligible for purchase
CPT Code	J9202	Goserelin acetate implant, per 3.6 mg	History and physical
CPT Code	76498	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Full description of procedure the code is being used for and literature or professional coding resources (i.e. AMA) to support its use
Revenue Code	017X	Newborn (for sick baby claims)	Discharge Summary
HCPCS	Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113,	Specific Skin Graft codes	Serial Office Notes, H&P and Op Report



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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, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163,		
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	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	Transport Log and the need for transfer if hospital to hospital
HCPCS Code	C1899	Implantable / insertable device for device intensive procedure, not otherwise classified	The Operative Report and the Implant Log
HCPCS Code	J9145	Injection, daratumumab, 10 mg	Initial office visit with complete H&P, treatment plan, inadequate response to prior therapies and dosing schedule (Infusion records not required)
HCPCS Code	J9034	Injection, bendamustine hcl (bendecka), 1 mg	Initial office evaluation with complete H&P, a recent office note, treatment plan (Infusion records not required)

HCPCS Code	J8501	Aprepitant, oral, 5 mg	Initial office evaluation with complete H&P, a recent office note, treatment plan (Infusion records not required)
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Issue History

Issue	Description	Date
1	Original	11/08/2019
2	Revised	02/18/2020
3	Revised	02/15/2021