

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	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			
CPT Code	66174	Translum dil eye canal	Serial physician office notes, medication record, operative



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CPT Code	66175	Translum dil eye canal w/stnt	report, and history & physical. Serial physician office notes, medication record, operative report, and history & physical.
CPT Code	43659	Unlisted laparoscopy procedure, stomach	Operative Report
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
Revenue Code	017X	Newborn (for sick baby claims)	Discharge Summary
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,	Specific Skin Graft codes	Serial Office Notes, H&P and Op Report



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	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, 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		
HCCPS Code	A0430 A0431 A0435	Ambulance Services	Transport Log and the need for transfer if hospital to hospital

	A0436		
HCPCS Code	C1899	Implantable / insertable device for device intensive procedure, not otherwise classified	The Operative Report and the Implant Log

Issue History

Issue	Description	Date
1	Original	• 8-Nov-18