

Codes by procedure types requiring medical records submissions

The following is a list of the CPT and HCPCS codes known to typically require additional information to the document medical necessity for Blue Medicare patients. When reporting one of the following codes on a Blue Medicare 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.

Codes		Brief Description	Information Required
HCPCS and CPT codes	Various	Unlisted Surgical Procedure	Operative Report and Consult Notes
HCPCS and CPT codes	Various	Unlisted Drugs	NDC Number, drug name and dosage
CPT Codes	99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	The Physician/nursing/office notes, medication record, operative report, invoice and history & physical.
CPT Codes	92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	The Physician/nursing/office notes
CPT Codes	76514	Ophthalmic ultrasound, diagnostic; corneal Pachymetry, unilateral or bilateral (determination of corneal thickness)	The Physician/nursing/office notes
HCPCS and CPT Codes	A4648	Tissue marker, implantable, any type, each	The invoice, The Physician/nursing and office notes
HCPCS and CPT Codes	V2744	Tint, photochromatic, per lens	The Physician/nursing/office notes, and Eyeglass prescription
HCPCS and CPT Codes	V2750	Antireflective coating, per lens	The Physician/nursing/office notes, and Eyeglass prescription
HCPCS and CPT Codes	V2785	Processing, preserving, and transporting corneal tissue.	Service Supplier Invoice
HCPCS and CPT Codes	G0127	Trimming of dystrophic nails, any number	The Physician/nursing/office notes.



<p>HCPCS and CPT Codes</p>	<p>Q4100, 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, 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, , Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, , Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4254, Q4255</p>	<p>Specific Skin Graft codes</p>	<p>H&P and Office notes or Op Report and the implant log or brand name of product used for each date of service.</p>
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Issue History

Issue	Description	Date
1	<ul style="list-style-type: none"> Original 	8-Nov-18
2	<ul style="list-style-type: none"> Reviewed – no changes 	April 9,2020 (aya)
3	<ul style="list-style-type: none"> Skin Substitute codes added Q4100-Q4248. Added “various” to CPT for unlisted codes. 	June 4,2020 (aya)
4	<ul style="list-style-type: none"> Reviewed – no changes. 	September 10, 2020 (aya)
5	<ul style="list-style-type: none"> Added V2785 	March 4, 2021 (aya)