

SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO Medical Coverage Policies for specific coverage criteria

For specific services related to:

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**

See the Prior Approval List:

http://www.bcbsnc.com/assets/providers/public/pdfs/blue-medicare-providers/pa_external_01_01_2016.pdf

Unlisted/miscellaneous CPT and HCPC's codes require prior approval

Note: Unlisted or miscellaneous CPT/HCPCS codes should only be used if a more specific code has not been established

HCPCS codes beginning with "S" (Temporary National Codes Non-Medicare), other than those listed below, will not be considered for coverage by Blue Medicare HMO/PPO.

Codes	Description	Product
15775	Punch graft for hair transplant; 1 to 15 punch grafts"	PPO/HMO
15776	Punch graft for hair transplant; more than 15 punch grafts	PPO/HMO
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids)	PPO/HMO
15781	Dermabrasion; segmental, face	PPO/HMO
15782	Dermabrasion; regional, other than face	PPO/HMO
15786	Abrasion; single lesion (eg, keratosis, scar)	PPO/HMO
15787	Abrasion; each additional 4 lesions or less	PPO/HMO
15788	Chemical peel, facial; epidermal	PPO/HMO
15789	Chemical peel, facial; dermal	PPO/HMO
15792	Chemical peel, nonfacial; epidermal	PPO/HMO
15793	Chemical peel, nonfacial; dermal	PPO/HMO
15819	Cervicoplasty	PPO/HMO
15820	Blepharoplasty, lower eyelid;	PPO/HMO
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	PPO/HMO
15822	Blepharoplasty, upper eyelid;	PPO/HMO
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	PPO/HMO
15824	Rhytidectomy; forehead	PPO/HMO
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	PPO/HMO
15826	Rhytidectomy; glabellar frown lines	PPO/HMO
15828	Rhytidectomy; cheek, chin, and neck	PPO/HMO
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	PPO/HMO

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Codes	Description	Product
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	PPO/HMO
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	PPO/HMO
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	PPO/HMO
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	PPO/HMO
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	PPO/HMO
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	PPO/HMO
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	PPO/HMO
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	PPO/HMO
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	PPO/HMO
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)	PPO/HMO
15876	Suction assisted lipectomy; head and neck	PPO/HMO
15877	Suction assisted lipectomy; trunk	PPO/HMO
15878	Suction assisted lipectomy; upper extremity	PPO/HMO
15879	Suction assisted lipectomy; lower extremity	PPO/HMO
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); Less than 10 sq cm	PPO/HMO
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique): 10.0 to 50.0 sq cm	PPO/HMO
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq. cm.	PPO/HMO
17340	Cryotherapy (CO2 slush, liquid N2) for acne	PPO/HMO
17380	Electrolysis epilation, each 30 minutes	PPO/HMO
19318	Reduction mammoplasty	PPO/HMO
19324	Mammoplasty, augmentation; without prosthetic implant	HMO

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Codes	Description	Product
19325	Mammoplasty, augmentation; with prosthetic implant	HMO
19328	Removal of intact mammary implant	PPO/HMO
19330	Removal of mammary implant material	PPO/HMO
19357	Breast reconstruction, immediate or delayed, with tissue expander	PPO/HMO
19370	Open periprosthetic capsulotomy, breast	PPO/HMO
19371	Periprosthetic capsulectomy, breast	PPO/HMO
19380	Revision of reconstructed breast	PPO/HMO
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) Additional Comments: Requires prior approval if associated with a TMJ diagnosis. Please see medical coverage policy for temporomandibular joint surgery	HMO
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	HMO
20975	Electrical stimulation to aid bone healing; invasive (operative)	HMO
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	HMO
21010	Arthrotomy, temporomandibular joint	HMO
21050	Condylectomy, temporomandibular joint	HMO
21060	Meniscectomy, partial or complete, temporomandibular joint	HMO
21070	Coronoidectomy	HMO
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service	HMO
21076	Impression and custom preparation; surgical obturator prosthesis	HMO
21077	Impression and custom preparation; orbital prosthesis	HMO

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Codes	Description	Product
21079	Impression and custom preparation; interim obturator prosthesis	HMO
21080	Impression and custom preparation; definitive obturator prosthesis	HMO
21081	Impression and custom preparation; mandibular resection prosthesis	HMO
21082	Impression and custom preparation; palatal augmentation prosthesis	HMO
21083	Impression and custom preparation; palatal lift prosthesis	HMO
21084	Impression and custom preparation; speech aid prosthesis	HMO
21085	Impression and custom preparation; oral surgical splint	HMO
21086	Impression and custom preparation; auricular prosthesis	HMO
21087	Impression and custom preparation; nasal prosthesis	HMO
21088	Impression and custom preparation; facial prosthesis	HMO
21110	Application of interdental fixation device for conditions other than fracture, includes removal	HMO
21116	Injection procedure for temporomandibular joint arthrography	HMO
21137	Reduction forehead; contouring only	HMO
21138	Reduction forehead; contouring and application of prosthetic material	HMO
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	HMO
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	HMO
21242	Arthroplasty, temporomandibular joint, with allograft	HMO
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	HMO
21244	Reconstruction of mandible, extraoral, with transosteal bone plate	HMO
21247	Reconstruction of mandibular condyle with bone and cartilage autografts	HMO
21248	Reconstruction of mandible or maxilla, endosteal implant	HMO
21249	Reconstruction of mandible or maxilla, endosteal implant	HMO

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Codes	Description	Product
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage	HMO
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone graft	HMO
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts;	HMO
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts;	HMO
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts;	HMO
21267	Orbital repositioning, periorbital osteotomies, unilateral,	HMO
21275	Secondary revision of orbitocraniofacial reconstruction	HMO
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral	HMO/PPO
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral	HMO/PPO
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each	HMO
28360	Reconstruction, cleft foot	HMO
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy	HMO
29804	Arthroscopy, temporomandibular joint, surgical	HMO
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	HMO/PPO
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	PPO/HMO
30430	Rhinoplasty, primary; including major septal repair	HMO/PPO
32491	Removal of lung, other than total pneumonectomy; excision-plication emphysematous lung(s)	HMO
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	HMO/PPO
32851	Lung transplant, single; without cardiopulmonary bypass	HMO/PPO
32852	Lung transplant, single; with cardiopulmonary bypass	HMO/PPO
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	HMO/PPO

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32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	HMO/PPO
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation	HMO/PPO
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation	HMO/PPO
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	HMO/PPO
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation	HMO/PPO
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	HMO/PPO
33940	Donor cardiectomy (including cold preservation)	HMO/PPO
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation	HMO/PPO
33945	Heart transplant, with or without recipient cardiectomy	HMO/PPO
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	HMO/PPO
36470	Injection of sclerosing solution; single vein	HMO/PPO
36471	Injection of sclerosing solution; multiple veins, same leg	HMO/PPO
36475	Endovenous ablation therapy of incompetent vein, extremity	HMO/PPO
36476	Endovenous ablation therapy of incompetent vein, extremity	HMO/PPO
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	HMO/PPO
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites	HMO/PPO
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	HMO/PPO
37718	Ligation, division, and stripping, short saphenous vein	HMO/PPO
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	HMO/PPO

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Codes	Description	Product
37735	Ligation and division and complete stripping of long or short saphenous	HMO/PPO
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	HMO/PPO
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1	HMO/PPO
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	HMO/PPO
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	HMO/PPO
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	HMO/PPO
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	HMO/PPO
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	HMO/PPO
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation; allogenic	HMO/PPO
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation; autologous	HMO/PPO
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservative	HMO/PPO
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	HMO/PPO
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	HMO/PPO
38210	Transplant preparation of hematopoietic progenitor cells; specific cell	HMO/PPO
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	HMO/PPO
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell	HMO/PPO
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	HMO/PPO
38214	Transplant preparation of hematopoietic progenitor cells; plasma	HMO/PPO
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration	HMO/PPO
38230	Bone marrow harvesting for transplantation	HMO/PPO

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38240	Bone marrow or blood-derived peripheral stem cell transplantation; Allogenic	HMO/PPO
38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous	HMO/PPO
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	HMO/PPO
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissue	HMO
41806	Removal of embedded foreign body from dentoalveolar structures; bone	HMO
41820	Gingivectomy, excision gingiva, each quadrant	HMO
41821	Operculectomy, excision pericoronal tissues	HMO
41822	Excision of fibrous tuberosities, dentoalveolar structures	HMO
41823	Excision of osseous tuberosities, dentoalveolar structures	HMO
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	HMO
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	HMO
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	HMO
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	HMO
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	HMO
41850	Destruction of lesion (except excision), dentoalveolar structures	HMO
41870	Periodontal mucosal grafting	HMO
41872	Gingivoplasty, each quadrant (specify)	HMO
41874	Alveoloplasty, each quadrant (specify)	HMO
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	HMO
42280	Maxillary impression for palatal prosthesis	HMO
42281	Insertion of pin-retained palatal prosthesis	HMO

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43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	HMO/PPO
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	HMO/PPO
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	HMO/PPO
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	HMO/PPO
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	HMO/PPO
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	HMO/PPO
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	HMO/PPO
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	HMO/PPO
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	NON COVERED BY ORIGINAL MEDICARE
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with	HMO/PPO
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	HMO/PPO
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	HMO/PPO
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	HMO/PPO
43881	Implantation or replacement of gastric neurostimulator electrodes,	HMO/PPO

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43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	HMO/PPO
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	NON COVERED BY ORIGINAL MEDICARE
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	NON COVERED BY ORIGINAL MEDICARE
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	NON COVERED BY ORIGINAL MEDICARE
44132	Donor enterectomy (including cold preservation), open; from cadaver	HMO/PPO
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	HMO/PPO
44135	Intestinal allotransplantation; from cadaver donor	HMO/PPO
44136	Intestinal allotransplantation; from living donor	HMO/PPO
44715	Backbench standard preparation of cadaver or living donor intestine	HMO/PPO
44720	Backbench reconstruction of cadaver or living donor intestine allograft	HMO/PPO
44721	Backbench reconstruction of cadaver or living donor intestine allograft	HMO/PPO
47133	Donor hepatectomy (including cold preservation), from cadaver donor	HMO/PPO
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	HMO/PPO
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only	HMO/PPO
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy	HMO/PPO
47142	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy	HMO/PPO

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47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation	HMO/PPO
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation	HMO/PPO
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation	HMO/PPO
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation	HMO/PPO
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation	HMO/PPO
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	HMO/PPO
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	HMO/PPO
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft	HMO/PPO
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation	HMO/PPO
48554	Transplantation of pancreatic allograft	HMO/PPO
48556	Removal of transplanted pancreatic allograft	HMO/PPO
50300	Donor nephrectomy (including cold preservation); from cadaver donor	HMO/PPO
50320	Donor nephrectomy (including cold preservation); open, from living donor	HMO/PPO
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation	HMO/PPO
50325	Backbench standard preparation of living donor renal allograft	HMO/PPO
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation	HMO/PPO
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation	HMO/PPO
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation	HMO/PPO
50340	Recipient nephrectomy (separate procedure)	HMO/PPO
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	HMO/PPO

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Codes	Description	Product
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	HMO/PPO
50370	Removal of transplanted renal allograft	HMO/PPO
50380	Renal autotransplantation/reimplantation of kidney	HMO/PPO
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation),	HMO/PPO
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	HMO
54360	Plastic operation on penis to correct angulation	HMO
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	HMO/PPO
54401	Insertion of penile prosthesis; inflatable (self-contained)	HMO/PPO
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	HMO/PPO
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	HMO/PPO
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	HMO/PPO
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	HMO/PPO
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	HMO/PPO
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	HMO/PPO
54660	Insertion of testicular prosthesis (separate procedure)	HMO
58750	Tubotubal anastomosis	HMO
58770	Salpingostomy (salpingoneostomy)	HMO

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Codes	Description	Product
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	HMO/PPO
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	HMO/PPO
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	HMO/PPO
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	HMO/PPO
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	HMO/PPO
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	HMO/PPO
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	HMO/PPO
64573	Incision for implantation of neurostimulator electrodes; Cranial nerve	HMO/PPO
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	HMO/PPO
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	HMO/PPO
65771	Radial keratotomy	HMO
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	HMO/PPO
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	HMO/PPO
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	HMO/PPO
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	HMO/PPO
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	HMO/PPO

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Codes	Description	Product
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	HMO/PPO
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	HMO/PPO
67909	Reduction of overcorrection of ptosis	HMO/PPO
67911	Correction of lid retraction	HMO/PPO
67950	Canthoplasty (reconstruction of canthus)	HMO/PPO
70300	Radiologic examination, teeth; single view	HMO
70310	Radiologic examination, teeth; partial examination, less than full mouth	HMO
70320	Radiologic examination, teeth; complete, full mouth	HMO
70350	Cephalogram, orthodontic	HMO
86367	Stem cells (ie, CD34), total count	HMO/PPO
90791	Psychiatric diagnostic interview examination	HMO
90792	Psychiatric diagnostic evaluation with medical services	HMO
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	HMO
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	HMO
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	HMO

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Codes	Description	Product
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	HMO
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	HMO
92524	Behavioral and qualitative analysis of voice and resonance	HMO
92526	Treatment of swallowing dysfunction and/or oral function for feeding Additional Comments: Requires prior approval if performed by a speech therapist in outpatient setting.	HMO
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	HMO
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	HMO
92606	Therapeutic service(s) for the use of non-speech-generating device,	HMO
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	HMO
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	HMO

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Codes	Description	Product
92609	Therapeutic services for the use of speech-generating device, including programming and modification	HMO
92610	Evaluation of oral and pharyngeal swallowing function	HMO
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	HMO
92626	Evaluation of auditory rehabilitation status; first hour	HMO
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	HMO
92630	Auditory rehabilitation; prelingual hearing loss	HMO
92633	Auditory rehabilitation; postlingual hearing loss	HMO
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) Additional Comments: Requires prior approval if services performed as part of a cardiac rehabilitation program and the service is beyond the initial 36 visits. Please refer to the medical coverage policy for cardiac rehabilitation	HMO
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) Additional Comments: Requires prior approval if services performed as part of a cardiac rehabilitation program and the service is beyond the initial 36 visits. Please refer to the medical coverage policy for cardiac rehabilitation	HMO
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	HMO

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Codes	Description	Product
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	HMO
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	HMO
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	HMO
96110	Developmental screening, with interpretation and report, per standardized instrument form	HMO
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	HMO
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	HMO
96118	Neuropsychological testing; per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	HMO
96119	Neuropsychological testing; per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	HMO
96120	Neuropsychological testing; administered by a computer, with qualified health care professional interpretation and report	HMO
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	HMO

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Codes	Description	Product
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	HMO
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	HMO/PPO
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	HMO/PPO
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	HMO/PPO
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	HMO/PPO
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	HMO/PPO
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	HMO/PPO
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	PPO/HMO
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	PPO/HMO
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, Additional Comments: Requires prior approval if services performed as part of a pulmonary rehabilitation program and the service is beyond the initial 36 visits. Please refer to the medical coverage policy for pulmonary rehabilitation	HMO

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Codes	Description	Product
S0215	Nonemergency transportation; mileage, per mile	HMO/PPO
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	HMO/PPO
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	HMO/PPO
S5518	Home infusion therapy, all supplies necessary for catheter repair	HMO/PPO
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	HMO/PPO
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	HMO/PPO
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	HMO/PPO
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	HMO/PPO
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	HMO/PPO

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Codes	Description	Product
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem	HMO/PPO
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and	HMO/PPO
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded	HMO/PPO
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO

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Codes	Description	Product
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	HMO/PPO
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded	HMO/PPO
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO

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Codes	Description	Product
S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and	HMO/PPO
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	HMO/PPO
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO

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Codes	Description	Product
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HMO/PPO
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	HMO/PPO
S9976	Lodging, per diem, not otherwise classified	HMO/PPO
0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy	HMO/PPO

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Note: Unlisted or miscellaneous CPT/HCPCS codes should only be used if a more specific code has not been established

HCPCS codes beginning with "S" (Temporary National Codes Non-Medicare), other than those listed below, will not be considered for coverage by Blue Medicare HMO/PPO.

Codes	Description	Product
0042T	NON COVERED BY ORIGINAL MEDICARE	
0052T-0053T	NON COVERED BY ORIGINAL MEDICARE	
0058T -	NON COVERED BY ORIGINAL MEDICARE	
0071T-0072T	NON COVERED BY ORIGINAL MEDICARE	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	HMO/PPO
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)	HMO/PPO
0095T – 0098T	NON COVERED BY ORIGINAL MEDICARE	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	HMO/PPO
0106T-0111T	NON COVERED BY ORIGINAL MEDICARE	

SPECIAL NOTES: Please refer to the Blue Medicare HMO/PPO Medical Coverage Policies for specific coverage criteria

For specific services related to:

- **Cosmetic**
- **Investigational/Experimental**
- **Inpatient**
- **DME**
- **Prosthetic Devices (including artificial limbs and components)**
- **Non Urgent Ambulance Transport**

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Codes	Description	Product
0126T	NON COVERED BY ORIGINAL MEDICARE	
0169T	NON COVERED BY ORIGINAL MEDICARE	
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level	HMO/PPO
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)	HMO/PPO
0174T-0175T	NON COVERED BY ORIGINAL MEDICARE	
0178T-0179T	NON COVERED BY ORIGINAL MEDICARE	
0180T-	NON COVERED BY ORIGINAL MEDICARE	
0184T-0190T	NON COVERED BY ORIGINAL MEDICARE	

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Codes	Description	Product
0198T-0202T	NON COVERED BY ORIGINAL MEDICARE	
0205T-0212T	NON COVERED BY ORIGINAL MEDICARE	
0219T-0238T	NON COVERED BY ORIGINAL MEDICARE	
0254T-0274T	NON COVERED BY ORIGINAL MEDICARE	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	HMO/PPO
0278T-	NON COVERED BY ORIGINAL MEDICARE	
0286T-0294T	NON COVERED BY ORIGINAL MEDICARE	
0299T-0301T	NON COVERED BY ORIGINAL MEDICARE	
0302T-0307T	NON COVERED BY ORIGINAL MEDICARE	

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For specific services related to:

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Codes	Description	Product
0329T-0333T	NON COVERED BY ORIGINAL MEDICARE	
0335T-0354T	NON COVERED BY ORIGINAL MEDICARE	
0355T-0374T	NON COVERED BY ORIGINAL MEDICARE	
0377T-0436T	NON COVERED BY ORIGINAL MEDICARE	