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Medicare Advantage (PPO & HMO-POS) Prior Authorization/Notification List

Blue Cross and Blue Shield of Minnesota Medicare Advantage (PPO & HMO-POS) Prior Authorization / Notification Requirements

Overview

Prior Authorization is required for various services, procedures, prescription drugs, and medical devices. This document contains the full list of services, procedures, prescription drugs, and medical devices¹ that require prior authorization/notification for Blue Cross and Blue Shield of Minnesota Medicare Advantage PPO & HMO-POS products.

The prior authorization process determines whether services are medically necessary and appropriate based on clinical coverage criteria and is not a reflection of a member's benefits or eligibility. Benefits and eligibility must be verified each time a member seeks services. Prior authorization is based on a medical necessity review and is not a guarantee of payment. Payment requires that the contract is in force on the day services are provided and is subject to all provisions and limitations in the subscriber's health plan benefit contract, including general exclusions.

Blue Cross and Blue Shield of Minnesota also requires notification² for certain service(s). This document further outlines the notification process and the service(s) that require notification below.

Submitting Prior Authorization/Org-Determination/Notifications

Providers may submit prior authorization, org-determination and/or notification requests on [Availity.com](https://www.availity.com). If unable to submit request using Availity, provider may submit request to Blue Cross Utilization Management Department using the appropriate form: [Pre-Authorization/Pre-Certification/Notification Forms](#)

When submitting a prior authorization, org-determination or notification request, please ensure the following are available:

- The patient name (as it appears on the member's identification card)
- The patient subscriber ID, including alpha prefix, and group number
- The patient date of birth
- Name of ordering/admitting physician and NPI number
- Name of servicing/rendering physician and NPI number
- Diagnosis/CPT/HCPCS codes pertinent to the requested service and narrative description of service requested
- Clinical documentation to support the service request based on the relevant Medical Policy's documentation requirements
- Requestor's contact name, phone and fax number and location

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To assure timely processing, please submit your request on [Availity.com](https://www.availity.com).

Access the [Blue Cross and Blue Shield of Minnesota Medical and Behavioral Health Policies](#) on our website. InterQual® criteria are available upon request.

The below list includes the standard prior authorization (PA)/notification requirements for Medicare Advantage PPO & HMO-POS products based on today's date. Upcoming changes to PA requirements can be found in the monthly Provider Bulletins published online at [bluecrossmn.com/providers/forms-and-publications](https://www.bluecrossmn.com/providers/forms-and-publications) or by using the Authorizations tool in the Availity® provider portal.

The CPT/HCPCS codes listed are included for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

Blue Cross and Blue Shield of Minnesota Medicare Advantage (PPO & HMO-POS) Notifications	
Notifications:	<p>Outpatient Dialysis Services</p> <ul style="list-style-type: none"> Notification is required for all outpatient dialysis services <p>Upon initiation of outpatient dialysis, please complete Medicare CMS 2728 form and submit your request on Availity.com or fax to 651-662-2810.</p>

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Blue Cross and Blue Shield of Minnesota Medicare Advantage (PPO & HMO-POS) Prior-Authorization Requirements		
Medical Policy Number or Criteria	Service Category	CPT/HCPCS Codes
Ancillary Services		
Medicare	Non-Emergent Air Ambulance	A0430, A0431, A0435, A0436
Behavioral Health		
Medicare	Psychiatric Partial Hospitalization	G0176, G0177, G0411, G0129, G0410, 90791, 90792, 90785, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90865, 90880, 90846, 90847, 96116, 96112, 96113, 96121, 96130, 96131, 96133, 96136, 96137, 96138, 96139, 96146
Medicare	Psychological & Neuropsychological Testing	96116, 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146
Medicare	Transcranial Magnetic Stimulation (TMS)	90867, 90868, 90869
Medicare, X-46	Electroconvulsive Therapy (ECT)	90870
Inpatient Hospital		
<i>Inpatient admissions included in the below grid require prior authorization</i>		
InterQual	Inpatient Admissions (Medical/Mental Health)	
American Society of Addiction Medicine (ASAM)	Inpatient Substance Use Admissions	
InterQual	Non-MN (other States) Admissions or Non-Participating Facility	
Medical Pharmacy and Injectables under Part B		
<i>Electronic medical drug prior authorization requests can be submitted electronically to Blue Cross thru Availity.com or transmitted electronically through an integrated electronic medical record (EMR) system.</i>		
Medicare	Abatacept (Orencia®)	J0129

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Medicare	Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension <ul style="list-style-type: none"> • Epoprestenol (Flolan® or Veletri®) J1325 • Sildenafil (Revatio®) injection J3490 • Treprostinil (Remodulin®) J3285 	J1325, J3285, J3490
Medicare	Afamelanotide (Scenesse®)	J3490
II-26	Agalsidase beta (Fabrazyme®)	J0180
Medicare	Alemtuzumab (Lemtrada™)	J0202
II-186	Alglucosidase alfa (Lumizyme®)	J0221
Medicare	Alpha-1 Proteinase Inhibitors (Aralast NP™, Glassia®, Prolastin-C®, Zemaira®)	J0256, J0257
Medicare	Axicabtagene Ciloleucel (Yescarta™)	J3490, Q2041
Medicare	Belimumab (Benlysta®)	J0490
II-203	Benralizumab (Fasenra®)	J0517
II-199	Bezlotoxumab (Zinplava®)	J0565
Medicare	Botulinum Toxins: <ul style="list-style-type: none"> • OnabotulinumtoxinA (Botox®) J0585 • AbobotulinumtoxinA (Dysport®) J0586 • RimabotulinumtoxinB (Myobloc®) J0587 • IncobotulinumtoxinA (Xeomin®) J0588 	J0585, J0586, J0587, J0588
II-212	Burosumab (Crysvita®)	J0584
Medicare	Caplacizumab (Cabliivi™)	C9047, J3490
Medicare	Carbidopa and Levodopa (Duopa®)	J7340
II-176	Cerliponase alfa (Brineura®)	J0567
Medicare	Certolizumab Pegol (Cimzia®)	J0717
Medicare	Crizanlizumab (Adakveo®)	C9053, J3490, J3590
Medicare	Darbepoetin alfa (Aranesp®)	J0882

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Medicare	Eculizumab (Soliris[®])	J1300
Medicare	Edaravone (Radicava[®])	J1301
Medicare	Elapegamase (Revcovi[™])	C9399, J3590
II-218	Elosulfase Alfa (Vimizim[®])	J1322
Medicare	Emapalumab-Izsg (Gamifant[™])	J9210
Medicare	Eptinezumab (Vyepti[™])	J3490
Medicare	Esketamine Nasal Spray (Spravato[™])	J3490
II-217	Galsulfase (Naglazyme[®])	J1458
Medicare	Golimumab (Simponi Aria[®])	J1602
Medicare	Golodirsen (Vyondys 53)	C9399, J3490
Medicare	Givosiran (Givlaari[™])	C9056, J3490, J3590
Medicare	Hyaluronan Injections: <ul style="list-style-type: none"> • Durolane[®] J7318 • GenVisc[®] 850 J7320 • Hyalgan[®] or Supartz[®] or Visco-3[™] J7321 • Hymovis[®] J7322 • Euflexxa[®] J7323 • Orthovisc[®] J7324 • Synvisc[®] or Synvisc-One[®] J7325 • Gel-One[®] J7326 • Monovisc[®] J7327 • GelSyn[®] J7328 • TriVisc[®] J7329 • Synjoynt[™] J7331 • Triluron[™] J7332 	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332
II-215	Idursulfase (Elaprase[®])	J1743
Medicare	Immunoglobulin IV or SQ Replacement Therapy	J1459, J1555, J1556, J1557, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1599
Medicare	Infliximab (Remicade[®], Inflectra[®], Renflexis[®], Ixifi[®], Avsola[™])	J1745, J3490, Q5103, Q5104, Q5109

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II-145	Injectable Clostridial Collagenase for Fibroproliferative Disorders (Xiaflex[®])	J0775
II-214	Intravenous Enzyme Replacement Therapy for Gaucher Disease (Cerezyme[®], Eleyso[®], Vpriv[®])	J1786, J3060, J3385
Medicare	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions (Beovu[™], Eylea[®], Lucentis[®], Macugen[®])	J0178, J0179, J2503, J2778
II-216	Laronidase (Aldurazyme[®])	J1931
Medicare	Luspatercept (Reblozyl[®])	C9339, J3490
II-165	Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy	J0456, J0561, J0696, J0698, J0720, J2510, J2540
Medicare	Mepolizumab (Nucala[®])	J2182
Medicare	Natalizumab (Tysabri[®])	J2323
II-171	Nusinersen (Spinraza[™])	J2326
Medicare	Ocrelizumab (Ocrevus[®])	J2350
Medicare	Omalizumab (Xolair[®])	J2357
Medicare	Onasemnogene abeparvovec (Zolgensma[®])	C9399, J3490, J3590
II-220	Patisiran (Onpattro[™])	J0222
Medicare	Peanut allergen powder (Palforzia[®]) & Peanut allergy patch (*Viaskin[®] Peanut - PA required upon FDA Approval)	J3490
Medicare	Pegademase bovine (Adagen[®])	J2504
Medicare	Pegloticase (Krystexxa[®])	J2507
Medicare	Pharmacologic Therapies for Hereditary Angioedema <ul style="list-style-type: none"> • C1-Esterase Inhibitor: <ul style="list-style-type: none"> ○ Berinert[®] J0597 ○ Cinryze[®] J0598 ○ Ruconest[®] J0596 • Ecallantide (Kalbitor[®]) J1290 	J0593, J0596, J0597, J0598, J1290, J1744

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	<ul style="list-style-type: none"> Icatibant (Firazyr[®]) J1744 Lanadelumab (Takhzyro[™]) J0593 	
Medicare	Ravulizumab (Ultomiris[™])	J1303
Medicare	Reslizumab (Cinqair[®])	J2786
Medicare	Rituximab (Rituxan[®], Truxima[®], Ruxience[™]) – for non-oncologic indications	C9399, J3490, J9312, Q5115
Medicare	Romiplostim (Nplate[®])	J2796
Medicare	Romosozumab (Evenity[®])	J3111
II-200	Sebelipase Alfa (Kanuma[®])	J2840
Medicare	Teprotumumab	J3490
Medicare	Tildrakizumab (Ilumya[™])	J3245
Medicare	Tisagenlecleucel (Kymriah[™])	J3490, Q2042
Medicare	Tocilizumab (Actemra[®]) – for non-oncologic indications	J3262
Medicare	Ustekinumab (Stelara[®])	J3357, J3358
Medicare	Vedolizumab (Entyvio[®])	J3380
II-219	Vestronidase Alfa (Mepsevii[™])	J3397
Procedures		
IV-165	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	C1889, C9749
IV-145	Amniotic Membrane and Amniotic Fluid	Q4100, Q4132, Q4133, Q4137, Q4138, Q4139, Q4140, Q4145, Q4148, Q4150, Q4151, Q4153, Q4154, Q4155, Q4156, Q4157, Q4159, Q4160, Q4162, Q4163, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4183, Q4184, Q4185, Q4186, Q4188, Q4189, Q4190, Q4191, Q4192, Q4194, Q4198, Q4201, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213,

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		Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4221, V2790, 65778, 65779, 65780
IV-01	Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis	31295, 31296, 31297, 31298
Medicare, IV-19	Bariatric Surgery: all types including revisions	43644, 43645, 43774, 43775, 43848
IV-137	Bioengineered Skin & Soft Tissue Substitutes	C1763, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, C9354, C9356, C9358, C9360, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4134, Q4135, Q4136, Q4141, Q4142, Q4143, Q4146, Q4147, Q4149, Q4152, Q4158, Q4164, Q4165, Q4166, Q4167, Q4182, Q4195, Q4196, Q4197, Q4200, Q4202, Q4203, Q4220, Q4222, Q4226, 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777
Medicare	Blepharoplasty and Brow Ptosis Repair	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908
Medicare, IV-14	Breast Implant Removal	19328, 19330
Medicare	Breast Reduction	19316, 19318
IV-143	Closure Devices for Atrial Septal Defects and Patent Foramen Ovale	93580
Medicare	Deep Brain Stimulation for Essential Tremor and Parkinson's Disease	61867, 61868, 61885
Medicare, II-08	Dermabrasion/Chemical Exfoliation	15781, 15786, 15788
IV-150	Endothelial Keratoplasty	65756, 65757
Medicare	Extracorporeal Photopheresis	36522

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IV-123	Gender Affirming Procedures for Gender Dysphoria	15824, 15825, 15826, 15835, 19301, 19316, 19318, 19325, 19350, 21120, 21122, 21123, 21208, 21209, 21210, 21270, 30400, 30420, 30435, 54125, 54520, 55970, 55980, 56805, 57291, 57292, 57335
IV-71	Gynecomastia Surgery	19300
Medicare	Home International Normalized Ratio (INR) monitoring	G0249
Medicare	Hyperbaric Oxygen Therapy	G0277
Medicare	Mastopexy	19316
IV-16	Orthognathic Surgery	21121, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198
IV-24	Panniculectomy/Excision of Redundant Skin or Tissue	15828, 15830, 15839, 15847, 56620
Medicare, IV-166	Penile Prosthesis Implantation	C1813, C2622, 54400, 54405, 54410, 54416
Medicare, II-192	Plasma Exchange	36514
IV-27	Prophylactic Mastectomy <i>(No PA required for prophylactic mastectomy due to breast cancer or high risk of breast cancer due to known genetic mutation)</i>	19303
IV-73	Rhinoplasty	30410, 30430, 30450
Medicare	Sacroiliac Joint Fusion	27279
IV-158	Surgical Treatments of Lymphedema	15877, 15878, 15879, 15832, 15833, 15836, 38308, 38999
Medicare	Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis	33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369
II-190	Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies	Q0083, 37243
Medicare	Transcatheter Mitral Valve Repair (TMVR)	0345T, 33418, 33419
IV-07	Uvulopalatopharyngoplasty (UPPP) Surgical Treatment of Sleep Apnea	21198, 42140, 42145, 42950

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Medicare	Vagus Nerve Stimulation	C1767, C1778, C1820, C1897, 61886, 61888, 64568, 95970, 95971
Medicare	Vein Treatment: Endoluminal Ablation Therapy, Spider Vein Treatment & Sclerotherapy	36470, 36471, 36473, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780
IV-144	Viscocalanostomy and Canaloplasty for the Treatment of Glaucoma	66174, 66175
Medicare	Water Vapor Energy Ablation for Benign Prostatic Hypertrophy	53854, 53899
V-12	Wireless Capsule Endoscopy	91110
Transplants		
<i>Consult, Evaluation, Workup & Human Leukocyte Antigen (HLA) typing and testing also called Tissue Typing, do not require prior authorization/notification</i>		
Medicare, IV-128	Organ Transplantation (No PA required for Kidney and Cornea, except as noted above for Endothelial Keratoplasty)	32851, 32854, 33945, 47135, 48554
Medicare, II-114, II-115, II-117, II-118, II-119, II-120, II-121, II-122, II-123, II-129, II-130, II-131, II-133, II-135, II-136, II-138, II-154	Stem Cell Transplantation	38205, 38206, 38241, 38242
Specialty Utilization Management		
<i>Pre-Authorization medical necessity reviews are completed by eviCore. Please submit your request on Availity.com for timely processing.</i>		

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eviCore (Cardiology)	Cardiac Advanced Imaging (including Echo / Echo Stress Testing, Nuclear Stress Tests / MPI, Cardiac MRI, Cardiac PET, and CCTAs)	For a current list of code(s) please visit: eviCore Healthcare Specialty Utilization Management Clinical Guidelines
eviCore (Cardiology)	Cardiac Catheterization, Cardiac Resynchronization Implantable Devices	
eviCore (DME)	Durable Medical Equipment	
eviCore (HHC)	Home Health Care	
eviCore (Lab Management)	Molecular and Genomic Testing	
eviCore (Medical Oncology)	Medical Oncology (Primary and Supportive Cancer Treatment Drugs)	
eviCore (Musculoskeletal)	Interventional Pain Management (Spine/Joint Injections, Stimulators, Blocks, RF Ablation, etc.)	
eviCore (Musculoskeletal)	Knee/Hip/Shoulder Surgery	
eviCore (Musculoskeletal)	Spine Surgery	
eviCore (Radiation Therapy)	Radiation Therapy	
eviCore (Radiology)	Radiology Advance Imaging (MRI, MRA, PET, CT, and Nuclear Studies)	
eviCore (PAC)	Post-Acute Care Skilled Nursing Facilities (SNF), Long-Term Acute Care Facilities (LTAC) and Inpatient Rehabilitation Facilities (IRF)	
eviCore (Sleep Management)	Sleep Management	

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