



**2024 Recommended Clinical Review (Predetermination), Post-Service Review
and Non-Covered Procedure Code List - Fully Insured
Effective 1/1/2024
(Updated April 2024)**

<p>This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2024 unless otherwise indicated through Blue Cross and Blue Shield of New Mexico managed for one or more of our networks:</p> <ul style="list-style-type: none"> - PPOSM -Blue Preferred EPO -Blue Preferred Plus -HMO 	<p>Utilization Management Process</p> <p>This file is a searchable PDF. Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.</p>
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Procedure Code Groups	Procedure Code Group Description
Medical Policy Criteria (MP Criteria)	Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Highlighted procedure/service in this code group may require Prior Authorization per contract agreement.
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.
Experimental, Investigational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Unlisted or Undefined	Procedures/services not specifically defined or classified, may be subject to contract/clinical review.

Note: Some codes will appear twice if Ending Date and Effective Date are within the same quarter period.

Procedure Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
90870	ELECTROCONVULSIVE THERAPY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	_	12/31/2023	Retire effective 12/31/2023
0066U	PAMG-1 IA CERVICO-VAG FLUID	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	9/30/2023	Retire effective 09/30/2023
0424T	INSJ/RPLC NSTIM APNEA COMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0425T	INSJ/RPLC NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023

0426T	INSJ/RPLC NSTIM APNEA STM LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0427T	INSJ/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0428T	RMVL NSTIM APNEA PLS GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0429T	RMVL NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0430T	RMVL NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0431T	RMVL/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0432T	REPOS NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0433T	REPOS NSTIM APNEA SENSING LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0434T	INTERRO EVAL NPGS APNEA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0435T	PRGRMG EVAL NPGS APNEA 1 SES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0436T	PRGRMG EVAL NPGS APNEA STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0465T	SUPCHRDJL NJX RX W/O SUPPLY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	_	12/31/2023	Retire effective 12/31/2023
0499T	CYSTO F/URTL STRIX/STENOSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0508T	PLS ECHO US B1 DNS MEAS TIB	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0533T	CONT REC MVMT DO 6-10 DAYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0534T	CONT REC MVMT DO SETUP&TRAIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023

0535T	CONT REC MVMT DO REPRT CNFIG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0536T	CONT REC MVMT DO DL W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0641T	NCNTC NR IFR SPCTRSC WND IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0642T	NCNTC NR IFR SPCTRSC WND I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
0768T	Tc Mag Stimj Pn Sbsq Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	12/31/2023	Retire effective 12/31/2023
0769T	Tc Mag Stimj Pn Sbsq Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	12/31/2023	Retire effective 12/31/2023
0775T	ARTHRD SI JT PRQ IARTIC IMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	12/31/2023	Retire effective 12/31/2023
C9771	Nsl/sins cryo post nasal tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
C9770	Vitrec/mech pars subret inj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	_	12/31/2023	Retire effective 12/31/2023
K1002	Ces system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
K1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2023	Retire effective 12/31/2023
K1009	Speech volume modulation sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
K1018	Ext up limb tremor stim wris	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
K1019	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
K1023	Trans elec nerv periph nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	12/31/2023	Retire effective 12/31/2023
K1020	Non-invasive vagus nerv stim	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	_	12/31/2023	Retire effective 12/31/2023

K1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
K1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
K1031	Non pneu comp control w/o ca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
K1032	Non pneum seq comp full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
K1033	Non pneum seq comp half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2023	12/31/2023	Retire effective 12/31/2023
0397U	Onc Nonsm Cll Lng Ca 109	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	9/30/2023	Retire effective 09/30/2023
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
33945	Heart Transplant, With Or Without Recipient Cardiectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
44135	Intestinal Allotransplantation; From Cadaver Donor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023
44136	Intestinal Allotransplantation; From Living Donor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	-	Moved from PA to Recommended Clinical Review 9/18/2023

47135	Liver Allograft Transplantation, Orthotopic, Partial Or Whole, From Cadaver Or Living Donor, Any Age	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
48554	Transplantation Of Pancreatic Allograft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
50365	Renal Allograft Transplantation, Implantation Of Graft; With Recipient Nephrectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
50380	Renal Autograft Transplantation, Reimplantation Of Kidney	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
0584T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
0585T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
0586T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Open	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
S2053	Transplantation Of Small Intestine And Liver Allografts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
S2054	Transplantation Of Multivisceral Organs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
S2060	Lobar Lung Transplantation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
S2065	Simultaneous Pancreas Kidney Transplantation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review by BCBS.	9/18/2023	–	Moved from PA to Recommended Clinical Review 9/18/2023
64590	INSRT/REDO PN/GASTR STIMUL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/15/2023	12/31/2999	–
0809T	ARTHRD SI JT PRQ TFX&IMPLT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	12/1/2023	12/31/2999	–

C9157	Injection, tofersen, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	10/1/2023	12/31/2999	–
K1017	Monthly supp use with k1016	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	10/15/2023	12/31/2999	–
K1016	Trans elec nerv for trigemin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	10/15/2023	12/31/2999	–
J0739	Injection cabotegravir 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	10/15/2023	3/14/2024	Retire effective 03/14/2024
97151	Bhv Id Assmt By Phys/Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97152	Bhv Id Suprt Assmt By 1 Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97153	Adaptive Behavior Tx By Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97154	Grp Adapt Bhv Tx By Tech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97155	Adapt Behavior Tx Phys/Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97156	Fam Adapt Bhv Tx Gdn Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97157	Mult Fam Adapt Bhv Tx Gdn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
97158	Grp Adapt Bhv Tx By Phy/Qhp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
0362T	Bhv Id Suprt Assmt Ea 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
0373T	Adapt Bhv Tx Ea 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96105	Assessment Of Aphasia, Per Hour	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96110	Developmental Screening, Per Instrument	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024

96112	Devel Tst Phys/Qhp 1St Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96113	Devel Tst Phys/Qhp Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96116	Neurobehavioral Status Exam, Per Hour	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96121	Each Additional Hour For Neurobehavioral Status Exam-Must Be Used With 96116 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96125	Standardized Cognitive Testing, Per Hour	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96127	Brief Emotional/Behavior Assessment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96130	Psychological Interpretation And Reporting Following Testing, By Qualified Health Care Professional, First Hour	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96131	Each Additional Hour Of 96130 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96132	Neuropsychological Interpretation And Reporting Following Testing, By Qualified Health Care Professional, First Hour	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96133	Each Additional Hour Of 96132 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96136	Administration Of Psychological Or Neuropsychological Testing By Physician Or Psychologist, First 30 Minutes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96137	Each Additional 30 Minutes Of 96136 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96138	Administration Of Psychological Or Neuropsychological Testing By A Technician, First 30 Minutes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96139	Each Additional 30 Minutes Of 96138 (Not A Stand Alone Code)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024
96146	A Single Psychological Or Neuropsychological Test Administration By Computer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2024	–	Moved from PA to Recommended Clinical Review 01/01/2024

Q4305	Amer am ac tri-lay per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
Q4306	Americ amnion ac per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
Q4307	American amnion, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
Q4308	Sanopellis, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
Q4309	Via matrix, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
Q4310	Procenta, per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	Add effective 04/01/2024
0439U	Crd Chd Dna Alys 5 Snp 3 Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0440U	Crd Chd Dna Alys 10 Snp 6Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0444U	Onc Sld Orgn Neo Tgsap 361	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0448U	Onc Lng&Cln Ca Dna Qual Ngs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0449U	Car Scr Sev Inh Cond 5 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024

0403U	Onc Prst8 Mrna 18 Gen Dre Ur	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0405U	Onc HI Neo Opt Gen Mapg Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0409U	Onc Sld Tum Dna 80 & Rna 36	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0410U	Onc Pncrtc Dna Whl Gn Seq 5-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0411U	Psyc Genom Alys Pnl 15 Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0413U	Onc HI Neo Opt Gen Mapg Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0414U	Onc Lng Aug Alg Aly Whl Sld8	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0417U	Rare Ds Alys 335 Nuc Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
0419U	Nrpsyc Gen Seq Vrnt Aly 13	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Moved from PA to Recommended Clinical Review 07/01/2024
S9002	Intra-vag motion sens biofk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
Q5134	Inj tyruko 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/1/2024	12/31/2999	Add effective 07/01/2024
Q5133	Inj tofidence 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	6/15/2024	12/31/2999	Add effective 06/15/2024
L5841	Addition endoskletl knee-shi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024

L1320	Pectus carinatum ortho cust	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J9376	Inj pozelimab-bbfg 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/15/2024	12/31/2999	Add effective 04/01/2024
J9313	Inj. lumoxiti 0.01 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J9057	Inj. copanlisib 1 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J9037	Inj belantamab mafodont blmf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J2782	Inj avacincaptad pegol 0.1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/15/2024	12/31/2999	Add effective 07/15/2024
J2502	Inj pasireotide long acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	1/1/2016	4/30/2024	Add effective 01/01/2016 Retire effective 04/30/2024
J1203	Inj cipaglucoasidase 5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	7/15/2024	12/31/2999	Add effective 07/15/2024
J0589	Inj daxibotulinumtoxina-lanm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/15/2024	12/31/2999	Add effective 05/15/2024
J0248	Inj remdesivir 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
J0177	Inj aflibercept hd 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
E2298	Pwr seat elev sys for crt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
E2120	Pulse gen sys tx endolymph fl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
E0744	Neuromuscular stim for scoli	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
C9796	Rpr intst excl anrect fist	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024 Retire effective 06/30/2024

C9796	Rpr intst excl anrect fist	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	Add effective 07/01/2024
C1062	Intravertebral fx aug impl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
A4638	Repl batt pulse gen sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
96548	NTRAOP HIPEC PX EA ADD 30MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
96547	INTRAOP HIPEC PX 1ST 60 MIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
0442T	ABL TJ PERC PLEX/TRNCL NRV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
0441T	ABL TJ PERC LXTR/PERPH NRV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
0440T	ABL TJ PERC UXTR/PERPH NRV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024

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