South Carolina

SERVICES THAT REQUIRE PRIOR AUTHORIZATION STANDARD LIST EFFECTIVE OCTOBER 2025

Many of our plans require prior authorization for certain procedures and services. This process allows us to check ahead of time whether services meet criteria for coverage by a member's health plan. Some services on this list may not be covered by the benefit plan. **Always verify benefits prior to services being rendered**.

Prior authorization is not a guarantee of payment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied.

This list is not all inclusive and is subject to change. It is a guide that includes the most commonly requested services requiring a medical review. Other services may require review based on our medical policies, guidelines or the employer group's plan of benefits. **Please review specific contract verbiage for exclusions, limitations and/or maximums.**

List does not apply to medical specialty drugs. To find out which medical specialty drugs require prior authorization under the medical plan or the Specialty Medical Benefit Management (SMBM) program, refer to My Insurance Manager℠.

Some plans may require prior authorization for mental health services. Contact Companion Benefit Alternatives (CBA) to verify by calling 800-868-1032. CBA is a wholly owned subsidiary of Blue Cross Blue Shield.

Online Resources and Tools

www.CompanionBenefitAlternatives.com

- Medical Policies
- Prior Authorization Forms and Information
- Clinical Form Resource Center

https://www.bcbs.com/blue-distinction-center/facility

- Blue Distinction Center Facility Finder

Inpatient

- Elective, nonemergent inpatient (surgical or nonsurgical) hospital admissions (medical and behavioral health)
- Acute rehabilitation admissions
- Hospice
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility (SNF) admissions
- Residential Treatment Center (RTC) admissions

Structured Outpatient Facility Programming

Description of Service	CPT Code
Interdisciplinary Pain Management Program	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853, 97010-97546
Cardiac Rehabilitation	93797, 93798
Pulmonary Rehabilitation	94625, 94626
ECT	Revenue codes
Intensive Outpatient	Revenue codes
Partial Hospitalization	Revenue codes

Potential Investigational/Experimental Procedures

Investigational/Experimental: These are terms used to define the use of a service or supply that is not recognized by the plan as standard medical care for the condition, disease, illness or injury being treated. This means that any procedure, treatment, supply, device, equipment, facility or drug (all services) has been determined to **NOT**:

- Have final unrestricted market approval from the Food and Drug Administration (FDA) or final approval from any other governmental regulatory body for the use in treatment of a specified condition.
- Have the scientific evidence that permits conclusions concerning the effect of the technology on health outcomes.
- Improve the net health outcome.
- Be as beneficial as any established alternatives.
- Show improvement outside the investigational settings.

The following procedures could be considered investigational/experimental and would require a prior authorization.

Description of Service	CPT Code
Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	33285, 33286, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248
Artificial Pancreas Device System	S1034, S1035, S1036, S1037
Balloon Ostial Dilation (Balloon Sinuplasty); Functional Endoscopic Sinus Surgery	31295, 31296, 31297, 31298
Capsule Endoscopy	91110, 91111, 91113
Charged Particle (proton or helium ion) Radiotherapy for Neoplastic Conditions	77520, 77522, 77523, 77525, 77399, 61796, 61797, 61798, 61799, 63620, 63621
Cryoablation of Tumors Located in Kidney, Lung, Breast, Pancreas or Bone	19105, 20983, 32994, 50250, 50593, 0581T
Decompression of Intervertebral Disc Using Laser or Radiofrequency Coblation (Nucleoplasty)	62287
Deep Brain Stimulation	61850,61863, 61864, 61867, 61868, 61885, 61886
Electrical Bone Growth Stimulation of Appendicular Skeleton Electrical Stimulation of Spine Adjunct to Spinal Fusion	20974, 20975, E0748, E0749
Endovascular Stent Grafts for Abdominal Aortic Aneurysms	34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848
Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms	61624,61630, 61635, 61645
Extracorporeal Photopheresis	36522
Gastric Electrical Stimulation	43647, 43648, 43881, 43882, 64590, 64595
Implantable Cardioverter Defibrillator	33270, 33271, 33272, 33273
Intensity Modulated Radiation Therapy (IMRT)	77301, 77385, 77386G6015, G6016
Implantation of Intrastromal Corneal Ring Segments	65785
Leadless Cardiac Pacemaker	33274, 33275

Description of Service	CPT Code
Operative Tissue Ablation and Reconstruction Atria (Maze)	33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266
Implantable Peripheral Nerve Stimulator for Treatment of Chronic Pain	61885, 61886, 64553, 64568, 64569, 64570
Percutaneous Balloon Kyphoplasty	22513, 22514, 22515
Percutaneous Vertebroplasty and Sacroplasty	22510, 22511, 22512
Plugs for Fistula Repair	46707
Responsive Neurostimulation for Refractory Epilepsy	61850, 61863, 61864, 61860, 61880, 61888
Sacroiliac Joint Fusion (arthrodesis)	27279, 27280
Spinal Cord Stimulator (trial and implantation)	63685, 63688
Stereotactic Body Radiation Therapy (SBRT)	32701, 77373, 77435
Stereotactic Radiosurgery for Neoplastic Conditions	61796, 61797, 61798, 61799, 63620, 63621, 77371, 77372, 77432
Surgical Laparoscopy, Ablation of Uterine Fibroids	58674
Testosterone Replacement Therapy	11980
Total Artificial Heart and Implantable Ventricular Assist Device	33927, 33928, 33929, 33990, 33991, 33992, 33993, 33995, 33997
Total Disc Arthroplasty (Artificial Disc — Cervical and Lumbar)	22856,22857, 22858, 22860,22861, 22862, 22864, 22865
Transcatheter Aortic Valve Replacement/Implantation (TAVR/TAVI)	33361, 33362,3363, 33364, 33365,33366, 33367, 33368, 3369, 33370
Transcatheter Mitral Valve Repair	33418, 33419
Transcatheter Pulmonary Valve Implantation (TPVI)	33477
Vagus Nerve Stimulation	61885, 61886, 64553, 64568, 64569, 64570
Wearable Cardioverter-Defibrillator	93745, K0606

** The following services are always considered investigational and are not covered benefits unless otherwise stated in the employer group's plan of benefits.

Description of Service	CPT Code
Bronchial Thermoplasty	31660, 31661
Chemical Peels	15788, 15789, 15790, 15791, 15792, 15793
Dermabrasion	15780, 15781, 15782, 15783
Dry Needling of Trigger Point Injections for Myofascial Pain	20552, 20553, 20560, 20561
Implantable Hormone Pellets for Females	11980
Neural Therapy	20552, 20553, 64505, 64405
Transcutaneous Electrical Nerve Stimulation (TENS)	E0720, E0730, E0731

Potential Cosmetic And Reconstructive Procedures

Cosmetic surgery or services are those services that are intended to reshape structures of the body in order to alter the individual's appearance or to alter the manifestations of the aging process only.

Reconstructive surgery is generally considered a service that "returns the patient to whole." These procedures or services are performed on structures of the body to improve or restore a body function or to correct a deformity that has resulted from a disease process, trauma, congenital or developmental anomaly, or previous therapeutic intervention.

Contract provisions and limitations for reconstructive surgery and services vary from each plan of benefits.

The following procedures could be considered cosmetic and would require a prior authorization.

Description of Service	CPT Code
Abdominoplasty	15847, 17999
Bariatric	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43886, 43887, 43888, 43842, 43843, 43845, 43846, 43847, 43848
Blepharoplasty	15820, 15821, 15822, 15823
Breast Reconstruction/Breast Surgical Procedures	19325, 19328, 19330, 19340, 19355, 19357, 19396, 19499, 11920, 11921, 11922, 11970, 11971, 15272, 15777, 15877,17999, 19342, 19350, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380
Brow Ptosis Repair/Lid Retraction	67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909
Destruction of Cutaneous Vascular Proliferative Lesions (laser technique)	17106, 17107, 17108
Lipectomy / Surgical Treatment of Lymphedema and Lipedema	15830, 15847, 15877, 15832, 15833, 15836, 15839, 15878, 15879
Mastectomy for Gynecomastia	19300
Mastopexy	19316
Osteotomy, Mandible, with Genioglossus Advancement	21199
Orthognathic Surgery	21120, 21122, 21123, 21125, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21193, 21194, 21195, 21196, 21198, 21206, 21208, 21209, 21210
Otoplasty	69300
Panniculectomy	15830, 17999
Phototherapy: PUVA, UV-B and Targeted Phototherapy	96912, 96913
Photodynamic Therapy	96567, 96573, 96574
Reduction Mammoplasty	19318
Repair Pectus Excavatum	21740, 21742, 21743
Rhinoplasty/Septorhinoplasty	30400, 30410, 30420, 30430, 30435, 30450
Varicose Vein Procedures	36465, 36466, 36468, 36470, 36471, 36473, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785

Durable Medical Equipment (DME)

Prior authorization is required for rental of DME items, purchase of DME items over dollar threshold as specified in benefit plan, and repair/replacement of DME.

Description of Service	CPT code
Air Fluidized Bed	E0194
Automatic External Defibrillator	E0617, K0606
Bipap	E0470, E0471
Knee Braces/Back Braces/Orthopedic Casts/Splints/Walking Boot/Dynamic Splinting	L1810, L1812, L1820, L1830, L1831, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860, L1900, L1902,L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2106, L2108, L2112, L2114, L2116,L4350, L4360, L4370, L4386, L4396, L4397, L4398, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L4360, L4361, L4370, L4386, 97763

Description of Service	CPT code
Continuous or Intermittent Monitoring of Glucose	95250, A9276, A9277, A9278
Continuous Passive Motion (CPM) Device	E0935, E0936
Dynamic Static Progressive Stretching Devices	E1801, E1806, E1811, E1816, E1818, E1831, E1841
Electrical Bone Growth Stimulation	E0747, E0749, 20974,20975
Home Prothrombin Time Monitoring Devices	G0248, G0249
Home Ventilator	E0466, E0467
Hospital Bed (semi-electric or total electric)	E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0328
Insulin Infusion Pump	E0784
Miscellaneous or Unlisted DME codes	E1399
Microprocessor-Controlled Prostheses Lower Limb	L5856, L5857, L5858, L5973, K1014
Negative Pressure Wound Therapy (Wound Vac)	E2402
Low Intensity Pulsed Ultrasound Fracture Healing Device	E0760, 20979
Oscillatory Devices for Cystic Fibrosis or other Resp Conditions	E0481, E0483, E0484
Oxygen Therapy	E0424, E0431, E0434, E0439, E1390, E1391, E1392
Pneumatic Compression Pumps for Lymphedema	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676
Postsurgical Home Use of Limb Compression Devices	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0676
Powered Exoskeleton for Ambulation	K1007
Power Operative Vehicles (ex: scooters)	E1230, K0800, K0801, K0802, K0806, K0807, K0808, K0812
Prosthetics/Orthotics (lower/upper limb, ankle-foot, knee-ankle-foot)	L1900, L1906, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L2840, L2850, L2999, K1014, K1015, K1022, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L7700, L8400, L8410, L8417, L8420, L8430, L8440, L8460, L8470, L8480, L8499
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512
Standing Frame/Table System	E0638, E0641, E0642

Description of Service	CPT code
Wheelchairs (manual and power)	E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0994, E0995, E1011, E1014, E1015, E1016, E1017, E1018, E1020, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1225, E1226, E1227, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, E2359, E2398, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0108

Home Based Services

Description of Service	CPT Code
Home Health Care	T1030, T1031, S9129, S9131, G0151, G0152, G0153, S9128, S9124
Home Hospice	S9126, Q5001, T2042
ABA for Autism (PT/OT/ST with autism diagnosis is covered under medical plan)	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 063T, 073T

Elective Services

** Several of these services can be contractual and may not be covered benefits. Always verify benefits prior to services being rendered. Medical necessity review will be required for benefit covered services below.

Description of Service	CPT Code
Arthroscopy Knee With Meniscal Transplantation	29868
Autologous Chondrocyte Implantation, Knee	27412, S2112
Balloon Dilation of the Eustachian Tube	69705, 69706
Biofeedback Training by any Modality	90901, 90912, 90913
Brachytherapy	77316, 77317, 77318, 77402, 77407, 77412, 0394T, 77770, 77771, 77772
Clinical Trials (Standard of care is reviewed only)	S9988, S9990, S9991
Cochlear Implant	69930, L8614, L8615, L8616, L8617, L8618, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, 92601, 92602
Cystourethroscopy, With Insertion of Permanent Adjustable Transprostatic Implant (Urolift)	52441, 52442
Dental Procedures Bill Under Medical	Various D codes
Endosteal Implant	21248, 21249
Endovascular Stent Grafts for Disorders of the Thoracic Aorta	33880, 33881, 33883, 33884, 33886, 33889, 75956, 75957, 75958, 75959
Enteral Formula/TPN	B4102-62, B4164-B5200, S9340, S9341, S9342, S9343, S9364, S9365, S9366, S9367, S9368
Extracranial Carotid Angioplasty/Stenting	37215, 37216, 37217
Gastric Electrical Stimulation	43647, 43648, 43881, 43882, 64590, 64595, 95980, 95981, 95982

Description of Service	CPT Code
Gender Reassignment	19301, 19303, 19316, 19324, 19325, 19350, 31899, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 28290, 58541, 58543, 58544, 58550, 58552, 58553, 58554
Hyperbaric Oxygen Therapy	99183
Hysterectomy	58260, 58262, 58267, 58275, 58280, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58150, 58152, 58180, 58200
Hypoglossal Nerve Neurostimulator	64582, 64583, 64568
Intraoperative Radiotherapy	77424, 77425, 77469
Implantable Bone Conduction and Bone Anchored Hearing Aids (BAHA)	69710, 69711, 69714, 69716, 69717, 69719, 69726, 69727, 69799, L8625, L8690, L8691, L8693, L8694
Infertility Procedures (Reproductive Techniques)	58321, 58322, 58323, 58750, 58752, 58760, 58825 , 58970, 58974, 58976, 84270, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89335, 89337, 89342, 89343, 89344, 89346, 89352, 89353, 89354, 89356, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040, S4042
Knee Replacement	27447
Lumbar Spine Surgery	22533, 22534, 22558, 22612, 22630, 22633, 22585, 22634, 63030, 63005, 63012, 63017, 63042, 63044, 63047, 63052, 63053, 63056, 62380
Microwave Tumor Ablation	32998, 47382, 50592
Non emergency Ground, Air Ambulance Transportation	A0080-A0210, A0428, A0999
Penile Prosthesis	54400, 54401, 54408, 54410, 54411, 54415, 54416, 54417
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in A Fib	33267, 33268, 33269
Percutaneous Tibial Nerve Stimulation	64566
Radiofrequency Ablation of Liver Tumors	47370, 47380, 47382
Radiofrequency Ablation of Misc. Solid Tumors Excluding Liver Tumors	20982, 32998, 50542, 50592
Sacral Nerve Neuromodulation/Stimulation	64561, 64581, 64585, 64590, 64595
TMJ Surgery	20605, 21010, 21116, 21050, 21060, 21073, 21240, 29800, 29804
Uvulopalatopharyngoplasty (UPPP)	42145
rTMS	90867, 90868, 90869
Psychological Testing	96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139

Transplants

All transplant procedures (organ and stem cell), with the exception of corneal transplants

Maternity/NICU

- Call or fax completed pregnancy notification form (found on website) when pregnancy is confirmed
- Inpatient admissions during pregnancy and at delivery
- Outpatient hospital stays, procedures during pregnancy or procedures for missed abortions
- Elective abortions
- Newborn admitted to NICU or SCN or remains inpatient after mother's discharge
- Adjustable cranial orthosis
- Orthomolecular therapy (formula, supplements, enteral feeding)

Services Requiring Notification Only

- Acute emergent hospital admissions (medical and behavioral health)
- Chemotherapy and radiation require a first time notification. Standard chemotherapy drugs do not require a separate prior authorization; however, specialty chemotherapy drugs require prior authorization from the medical plan or the Specialty Medical Benefit Management (SMBM) program.

Imaging: Evolent

This is an independent company that manages prior authorization for certain imaging services on behalf of BlueCross.

To submit request online, go to **www.RadMD.com**. Phone: 866-500-7664

***If employer group does not utilize Evolent, imaging services do not require a prior authorization through the medical plan, unless otherwise stated in the employer group's plan of benefits. Provider should verify benefits.**

Musculoskeletal Care and Radiation Oncology: Evolent

Many of our health plans require prior authorization for certain musculoskeletal (MSK) care procedures, including:

- Interventional pain management.
- Spine services.

Many of our health plans require prior authorization for radiation oncology, including but not limited to:

- Brachytherapy.
- IMRT/IGRT/SRS/SBRT.
- Proton Beam.

Evolent is an independent company that manages prior authorization for MSK and Radiation Oncology on behalf of BlueCross.

To submit request online, go to **www.RadMD.com**. Phone: 866-500-7664

***If employer group does not utilize Evolent, prior authorization will be required through the medical plan for MSK and radiation oncology services.**

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