

Procedures that require authorization by eviCore healthcare

**For Blue Cross PPO (commercial), Blue Cross Medicare Plus BlueSM PPO,
Blue Care Network HMOSM (commercial) and BCN AdvantageSM**

Updated February 2018

Go directly to the [Blue Cross code lists](#).

Go directly to the [BCN code lists](#).

Overview

The codes listed in this document represent the procedures requiring authorization by eviCore healthcare for the following:

- **Select Blue Cross Blue Shield of Michigan PPO (commercial) and Blue Cross Medicare Plus Blue PPO members** who reside in Michigan and who receive services from Michigan providers.

Authorization is required for outpatient interventional pain management, inpatient and outpatient lumbar spinal fusion surgery and outpatient radiation therapy (oncology) (for Blue Cross Medicare Plus Blue PPO and Blue Cross PPO) and outpatient physical and occupational therapy services and inpatient post-acute care services (for Blue Cross Medicare Plus Blue PPO only).

Outpatient locations that require authorization include outpatient hospitals, ambulatory surgery centers, physician offices and outpatient providers of physical or occupational therapy services, including independent physical or occupational therapists and comprehensive outpatient rehabilitation facilities.

- **BCN HMO (commercial) and BCN Advantage members**

Authorization is required for all members for select outpatient cardiology, interventional pain management, radiation therapy, radiology, and physical, occupational and speech therapy services, and (for BCN HMO members only) physical medicine services by chiropractors.

In addition, this applies to all BCN-participating freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices that provide these services, for BCN HMO and BCN Advantage members (except for physical medicine services provided by chiropractors, which are for BCN HMO members only).

Providers must obtain authorization from eviCore before these services are provided. Authorizations can be requested by calling eviCore at 1-877-917-2583. Authorizations can also be requested online for all services except post-acute care. More information about finding clinical guidelines and submitting authorization requests is available in the document [Guidelines for services reviewed by eviCore healthcare for Blue Cross Blue Shield of Michigan and Blue Care Network](#).

eviCore is an independent company that manages authorizations of select services for Blue Cross Blue Shield of Michigan and Blue Care Network.

When submitting requests for authorization, providers must respond to eviCore's criteria and questions online at www.evicore.com. This allows the automatic approval of requests meeting the criteria. Requests that are not approved when initially entered are reviewed by eviCore staff. If additional information is needed, eviCore staff will contact the provider and will also notify the provider of the determination.

Note: The groupings of codes on this document are program based and are not arranged in strict accordance with the description of the code by the American Medical Association.

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**For Blue Cross PPO (commercial), Blue Cross Medicare Plus BlueSM PPO,
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Updated February 2018

For Blue Cross PPO (commercial) and Blue Cross Medicare Plus Blue PPO

Interventional pain management procedures requiring authorization by eviCore

- For Medicare Plus Blue PPO members: Effective for dates of service on or after Sept. 1, 2016, unless otherwise noted, for adult members only (age 18 and older)
- For select Blue Cross PPO (commercial) members: Effective for dates of service or after Jan. 1, 2018, for both adult and pediatric members

*0213T	*0229T	*62320†	*62327†	*64492	*64634
*0214T	*0230T	*62321	*64479	*64493	*64635
*0215T	*0231T	*62322†	*64480	*64494	*64636
*0216T	*27096	*62323†	*64483	*64495	
*0217T	*62280	*62324†	*64484	*64510	
*0218T	*62281	*62325†	*64490	*64520	
*0228T	*62282	*62326†	*64491	*64633	

† Effective Jan. 1. 2017

For Blue Cross PPO (commercial) and Blue Cross Medicare Plus Blue PPO

Lumbar spinal fusion surgery procedures requiring authorization by eviCore

- For Medicare Plus Blue PPO members: Effective for dates of service on or after Sept. 1, 2016, unless otherwise noted, for adult members only (age 18 and older)
- For select Blue Cross PPO (commercial) members: Effective for dates of service on or after Jan. 1, 2018, for both adult and pediatric members

*0195T	*22533	*22558	*22612	*22630	*22633	*22800	*22804	*22810
*0196T	*22534	*22585†	*22614	*22632	*22634	*22802	*22808	*22812

† Code *22585 is a secondary code. It must be billed in conjunction with a primary code.

For Blue Cross Medicare Plus Blue PPO only

Physical and occupational therapy services requiring authorization by eviCore

- For Medicare Plus Blue PPO members: Effective for dates of service on or after Jan. 1, 2017, unless otherwise noted, for adult members only (age 18 and older)
- Note: These procedures are not currently reviewed eviCore for Blue Cross PPO members.

Applicable revenue codes: 0421, 0424, 0431, 0434

*97010	*97026	*97039	*97140	*97535	*97760
*97012	*97028	*97110	*97150	*97537	*97761
*97014	*97032	*97112	*97164	*97542	*97762
*97016	*97033	*97113	*97168	*97545	*97799
*97018	*97034	*97116	*97530	*97546	G0281
*97022	*97035	*97124	*97532	*97750	G0282
*97024	*97036	*97139	*97533	*97755	G0283

Procedures that require authorization by eviCore healthcare

**For Blue Cross PPO (commercial), Blue Cross Medicare Plus BlueSM PPO,
Blue Care Network HMOSM (commercial) and BCN AdvantageSM**

Updated February 2018

For Blue Cross PPO (commercial) and Blue Cross Medicare Plus Blue PPO

Radiation therapy procedures requiring authorization by eviCore

- For Medicare Plus Blue PPO members: Effective for dates of service on or after Nov. 1, 2016, unless otherwise noted, for adult members only (age 18 and older)
- For select Blue Cross PPO (commercial) members: Effective for dates of service on or after Jan. 1, 2018, for adult members only (age 18 and older)

Applicable revenue code: 0333

*0190T	*57155	*77299	*77338	*77422	*77525	*77772	G6006
*0394T	*57156	*77300	*77370	*77423	*77600	*77778	G6007
*0395T	*58346	*77301	*77371	*77424	*77605	*77789	G6008
*19296	*76873	*77306	*77372	*77425	*77610	*77790	G6009
*19297	*76965	*77307	*77373	*77427	*77615	*77799	G6010
*19298	*77014	*77316	*77385	*77431	*77620	A9606	G6011
*31643	*77261	*77317	*77386	*77432	*77750	G0339	G6012
*32553	*77262	*77318	*77387	*77435	*77761	G0340	G6013
*41019	*77263	*77321	*77399	*77469	*77762	G0458	G6014
*49411	*77280	*77331	*77401	*77470	*77763	G6001	G6015
*49412	*77285	*77332	*77402	*77499	*77767	G6002	G6016
*55875	*77290	*77333	*77407	*77520	*77768	G6003	G6017
*55876	*77293	*77334	*77412	*77522	*77770	G6004	S2095 [†]
*55920	*77295	*77336	*77417	*77523	*77771	G6005	S8030 [†]

For Blue Cross Medicare Plus Blue PPO only

Post-acute care services requiring authorization by eviCore

Effective for the following dates of service:

- For Blue Cross Medicare Plus Blue PPO members: Effective for dates of service on or after June 1, 2016, unless otherwise noted, for adult members only (age 18 and older)
- Note: These procedures are not currently reviewed eviCore for Blue Cross PPO members.

No specific codes are identified.

Procedures that require authorization by eviCore healthcare

For Blue Cross PPO (commercial), Blue Cross Medicare Plus BlueSM PPO,
Blue Care Network HMOSM (commercial) and BCN AdvantageSM

Updated February 2018

For Blue Care Network HMO (commercial) and BCN Advantage

Cardiology procedures requiring authorization by eviCore

Applies to adult BCN HMO and BCN Advantage members (age 18 and older), effective for dates of service on or after Oct. 1, 2015 (unless otherwise noted).

*0482T†	*33208	*33228	*33263	*75572	*93303	*93453	*93459
*0501T†	*33212	*33229	*33264	*75573	*93304	*93454	*93460
*0502T†	*33213	*33230	*75557	*75574	*93306	*93455	*93461
*0503T†	*33214	*33231	*75559	*78459	*93307	*93351	
*0504T†	*33221	*33240	*75561	*78491	*93308	*93456	
*33206	*33224	*33249	*75563	*78492	*93350	*93457	
*33207	*33227	*33262	*75571	*78499	*93452	*93458	

† For dates of service on or after Jan. 1, 2018

For Blue Care Network HMO (commercial) and BCN Advantage

Epidural and facet joint procedures requiring authorization by eviCore

Applies to adult and pediatric BCN HMO and BCN Advantage members for all diagnoses, effective for dates of service on or after Sept. 1, 2016 (unless otherwise noted).

*62281	*62318†	*62322‡	*62326‡	*64483	*64491	*64494
*62282	*62319†	*62323‡	*62327‡	*64484	*64492	*64495
*62310†	*62320‡	*62324‡	*64479	*64490	*64493	
*62311†	*62321‡	*62325‡	*64480			

Other interventional pain management procedures (sacroiliac joint injections, epidural adhesiolysis, radiofrequency ablation and regional sympathetic blocks) requiring authorization by eviCore

Applies to adult and pediatric BCN HMO and BCN Advantage members for all diagnoses, effective for dates of service on or after Dec. 1, 2016.

*0213T	*0217T	*0230T	*64470	*64510	*64635
*0214T	*0218T	*0231T	*64472	*64520	*64636
*0215T	*0228T	*27096	*64475	*64633	
*0216T	*0229T	*62280	*64476	*64634	

† eviCore reviews this code Sept. 1 through Dec. 31, 2016, only. ‡ Effective Jan. 1, 2017

Procedures that require authorization by eviCore healthcare

**For Blue Cross PPO (commercial), Blue Cross Medicare Plus BlueSM PPO,
Blue Care Network HMOSM (commercial) and BCN AdvantageSM**

Updated February 2018

For Blue Care Network HMO (commercial) and BCN Advantage

Radiology procedures requiring authorization by eviCore									
Applies to adult and pediatric BCN HMO and BCN Advantage members, effective for dates of service on or after Oct. 1, 2015 (unless otherwise noted).									
*0042T	*70554	*72159	*73722 [†]	*77059	*78231	*78469 [†]	*78700	C8904	G0235
*70336	*70555	*72191	*73723 [†]	*77084	*78232	*78472 [†]	*78701	C8905	G0252
*70450 [†]	*71250 [†]	*72192 [†]	*73725	*78012	*78258	*78473 [†]	*78707	C8906	G0297
*70460 [†]	*71260 [†]	*72193 [†]	*74150 [†]	*78013	*78261	*78481 [†]	*78708	C8907	S8032
*70470 [†]	*71270 [†]	*72194 [†]	*74160 [†]	*78014	*78262	*78483 [†]	*78709	C8908	S8037
*70480	*71275	*72195	*74170 [†]	*78015	*78264	*78494 [†]	*78710	C8909	S8042
*70481	*71550	*72196	*74174	*78016	*78266 [§]	*78496 [†]	*78740	C8910	S8080
*70482	*71551	*72197	*74175	*78018	*78265 [§]	*78579	*78761	C8911	S8085
*70486 [†]	*71552	*72198	*74176 [†]	*78070	*78278	*78580	*78799	C8912	S8092
*70487 [†]	*71555	*73200	*74177 [†]	*78071	*78290	*78582	*78800	C8913	
*70488 [†]	*72125	*73201	*74178 [†]	*78072	*78291	*78597	*78801	C8914	
*70490	*72126	*73202	*74181 [†]	*78075	*78299	*78598	*78802	C8918	
*70491	*72127	*73206	*74182 [†]	*78099	*78300	*78599	*78803	C8919	
*70492	*72128	*73218 [†]	*74183 [†]	*78102	*78305	*78600	*78804	C8920	
*70496	*72129	*73219	*74185	*78103	*78306	*78601	*78805	C8921	
*70498	*72130	*73220 [†]	*74261	*78104	*78315	*78605	*78806	C8922	
*70540	*72131 [†]	*73221 [†]	*74262	*78185	*78320	*78606	*78807	C8923	
*70542	*72132 [†]	*73222 [†]	*74263	*78195	*78399	*78607	*78811	C8924	
*70543	*72133 [†]	*73223 [†]	*74712 [§]	*78199	*78445	*78608	*78812	C8928	
*70544	*72141 [†]	*73225	*76376	*78201 [†]	*78451 [†]	*78609	*78813	C8929	
*70545	*72142 [†]	*73700	*76377	*78202 [†]	*78452 [†]	*78610	*78814	C8930	
*70546	*72146 [†]	*73701	*76380	*78205 [†]	*78453 [†]	*78630	*78815	C8931	
*70547	*72147 [†]	*73702	*76390	*78206 [†]	*78454 [†]	*78635	*78816	C8932	
*70548	*72148 [†]	*73706	*76497	*78215 [†]	*78456	*78645	*78999	C8933	
*70549	*72149 [†]	*73718 [†]	*76498	*78216 [†]	*78457	*78647	C8900	C8934	
*70551 [†]	*72156 [†]	*73719 [†]	*76499	*78226 [†]	*78458	*78650	C8901	C8935	
*70552 [†]	*72157 [†]	*73720 [†]	*77021	*78227 [†]	*78466 [†]	*78660	C8902	C8936	
*70553 [†]	*72158 [†]	*73721 [†]	*77058	*78230	*78468 [†]	*78699	C8903	G0219	

[†] Effective July 1, 2014 [§] Effective Jan.1, 2016

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**For Blue Cross PPO (commercial), Blue Cross Medicare Plus BlueSM PPO,
Blue Care Network HMOSM (commercial) and BCN AdvantageSM**

Updated February 2018

For Blue Care Network HMO (commercial) and BCN Advantage

PT/OT/ST (by therapists) requiring authorization by eviCore					
Applies to adult and pediatric BCN HMO and BCN Advantage members, for all diagnoses.					
and					
Physical medicine services (by chiropractors) requiring authorization by eviCore					
Applies to adult and pediatric BCN HMO members only, for all diagnoses.					
eviCore reviews authorization requests represented by a variety of codes, for physical, occupational and speech therapy services (by therapists) and physical medicine services (by chiropractors). Among those codes are the ones listed here, which providers enter into the e-referral system.					
Physical therapy (by therapists)		Occupational therapy		Speech therapy	Physical medicine services (by chiropractors)
*97110 [¶]	*97162 [‡]	*97535 [¶]	*97166 [‡]	*92521 [¶] through *92524 [¶]	*97110 [¶]
*97161 [‡]	*97163 [‡]	*97165 [‡]	*97167 [‡]		

§ Effective Jan.1, 2016 † Effective Nov. 1, 2016

For Blue Care Network HMO (commercial) and BCN Advantage

Radiation therapy procedures requiring authorization by eviCore							
Applies to adult BCN HMO and BCN Advantage members (age 18 and older), effective for dates of service on or after Oct. 1, 2015 (unless otherwise noted).							
*0182T	*77386	*77424	*77610	*77767 [§]	*77785	G6003	G6011
*0394T [§]	*77387	*77425	*77615	*77768 [§]	*77786	G6004	G6012
*0395T [§]	*77401	*77520	*77620	*77770 [§]	G0173	G6005	G6013
*77014	*77402	*77522	*77750	*77771 [§]	G0251	G6006	G6014
*77371	*77407	*77523	*77761	*77772 [§]	G0339	G6007	G6015
*77372	*77412	*77525	*77762	*77776	G0340	G6008	G6016
*77373	*77422	*77600	*77763	*77777	G6001	G6009	
*77385	*77423	*77605	*77620	*77778	G6002	G6010	

‡ Effective Jan.1, 2017 ¶ Enter for treatment only (Service 1). The other codes are for evaluation only (Service 2).