

MEDICAL SERVICES REQUIRING PRIOR APPROVAL

If the service and applicable CPT or HCPC code is listed below, then a prior approval is required for all BCBSVT and TVHP products. The prior approval request forms can be located at bcbstv.com, forms and publications, provider forms. Prior approval requests should be completed and submitted by the provider who is ordering the service(s). This list is subject to coding changes in accordance with CPT and HCPC's updates.

Federal Employee Program (FEP) members are required to obtain prior approval for hospice care or transplant services. All other services appearing on this list are not subject to prior approval for FEP members, but a pre-service review may be submitted for tentative approval of services.

PROCEDURE	CPT or HCPC Code(s)
Out of Network Providers/Facilities	All
Ambulance:	
Air	All
Ground (non-emergent)	
Water	
Capsule Endoscopy	91110, 91111
Chiropractic:	
After 12 initial visits	All
Chondrocyte Transplants	27412, J7330, S2112
Continuous Glucose Monitoring (Outpatient 72 hours)	95250, 95251
Continuous Passive Motion (CPM) Equipment	See Separate List for Specifics
Dental:	
Dental Care & Oral Surgery (services seeking medical benefits except wisdom teeth extractions and oral lesion excision and biopsy)	All (Except 40808 and 41100)
Orthognathic Surgery	21120-21249
Durable Medical Equipment:	See Separate List for Specifics
Home Infusion Therapy	All
Hospice Care	All
Medical Nutrition for Inherited Metabolic Disease	B9998
New Medical Procedures still considered investigational or experimental	All
Orthotics	See Separate List for Specifics
Osteochondral Autograft Transfer System (OATS)/Mosaicplasty	27415, 27416, 29866-29867
Plastic and Cosmetic (this is not an all inclusive list):	
Abdominoplasty	15830, 15847
Blepharoplasty	15820-15823, 67900-67909, 67911
Breast repair/re-construction	11920, 11921, 19316-19355, 19370-19396
**Except for patients with diagnosis of breast cancer, where prior authorization is not required for reconstructive procedures	
Chemical Peels	15788-15793
Cryotherapy for Acne	17340, 17360

PROCEDURE	CPT or HCPC Code(s)
Dermabrasion	15780-15787
Gynecomastia	19300
Laser Treatment	17106-17108, 30120, 96920-96922
Lateral Canthopexy	21282
Lipectomy/Panniculectomy	15830-15839, 15847, 15876-15879
Malar Augmentation, prosthetic material	21270
Otoplasty	69300-69399
Pectus Excavatum/Pectus Carinatum repair	21740-21743
Psoralens with Ultraviolet A	96912
Rhino/Septorhinoplasty	30400-30462
Tarsorrhaphy	67901-67904, 67908, 67909, 67911
Tattooing of Skin	11920-11922
Testicular Prosthesis Insertion	54660
Polysomnography & MSLT	95805, 95807-95810
Prescription Drugs	See Separate List for Specifics
Private Duty Nursing	All
Prosthetics	See Separate List for Specifics
Radiology: Computed Tomography Scans (CT) Computed Tomographic Angiography (CTA) Magnetic Resonance Angiography (MRA) Magnetic Resonance Imaging (MRI) Magnetic Resonance Spectroscopy (MRS) Positron Emission Tomography (PET) T codes including virtual colonoscopy Function Brain MRI	ALL Radiology prior approval requests must be submitted through American Imaging Management (AIM) either by phone (800) 701-0080 or at americanimaging.net
Rehabilitation (cardiac/pulmonary/inpatient)	All
Surgery: Bariatric (obesity) Surgery Gastric Electrical Stimulation Percutaneous Vertebroplasty or Vertebral Augmentation Temporomandibular Joint Manipulation and Anesthesia	43644-43645, 43770-43774, 43842-43848, 43886-43888 43647-43648, 43881-43882, 64590, 64595, 95980-95982 72291-72292 21073
TENS Units/Neuromuscular Stimulators	See Separate List for Specifics
Transplants (excluding Kidney & Cornea)	All
UPPP/Somnoplasty	42145