

# Procedures that require authorization by eviCore healthcare

For Blue Cross PPO<sup>®</sup> (commercial), Medicare Plus Blue<sup>SM</sup> PPO,  
BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

Updated March 2020

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:

- **Select Blue Cross PPO<sup>®</sup> (commercial) and Medicare Plus Blue 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 Medicare Plus Blue and Blue Cross<sup>®</sup> PPO) and outpatient physical and occupational therapy services and inpatient post-acute care services (for Medicare Plus Blue 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 interventional pain management, radiation therapy, 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).

Note about cardiology and radiology procedures: For dates of service on or after Oct. 1, 2018, AIM Specialty Health<sup>®</sup> processes requests to authorize these procedures. For more information, refer to the [AIM-Managed Procedures page](#) in the BCN section of the [ereferrals.bcbsm.com](#) website. For dates of service prior to Oct. 1, 2018, submit these requests to BCN Utilization Management using the e-referral system.

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.

\*\*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're required to let you know we're not responsible for its content.

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

### Interventional pain management procedures requiring authorization by eviCore

- For Medicare Plus Blue 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 <sup>1</sup>	*62327 <sup>1</sup>	*64491	*64625 <sup>2</sup>
*0214T	*0230T	*62321	*64451 <sup>2</sup>	*64492	*64633
*0215T	*0231T	*62322 <sup>1</sup>	*64479	*64493	*64634
*0216T	*27096	*62323 <sup>1</sup>	*64480	*64494	*64635
*0217T	*62280	*62324 <sup>1</sup>	*64483	*64495	*64636
*0218T	*62281	*62325 <sup>1</sup>	*64484	*64510	
*0228T	*62282	*62326 <sup>1</sup>	*64490	*64520	

<sup>1</sup>Effective Jan. 1, 2017

<sup>2</sup>Effective May 1, 2020

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

### Lumbar spinal fusion surgery procedures requiring authorization by eviCore

- For Medicare Plus Blue 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	*22612	*22633	*22802	*22808	*22812
*0196T	*22558	*22630	*22800	*22804	*22810	

Note: \*22534, \*22585, \*22614, \*22632 and \*22634 are secondary codes. They must be billed in conjunction with a primary code.

## For Medicare Plus Blue only

### Physical and occupational therapy services requiring authorization by eviCore

- For Medicare Plus Blue 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<sup>1</sup> (commercial), Medicare Plus Blue<sup>SM</sup> PPO,  
BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

Updated March 2020

## For Blue Cross PPO<sup>1</sup> (commercial) and Medicare Plus Blue

### Radiation therapy procedures requiring authorization by eviCore

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

Applicable revenue code: 0333

*0394T	*58346	*77306	*77385	*77435	*77763	G0458	G6015
*0395T	*76873	*77307	*77386	*77469	*77767	G6001	G6016
*19296	*76965	*77316	*77387	*77499	*77768	G6002	G6017
*19297	*77014	*77317	*77399	*77520	*77770	G6003	S2095 <sup>2</sup>
*19298	*77261	*77318	*77401	*77522	*77771	G6004	S8030 <sup>2</sup>
*31643	*77262	*77321	*77402	*77523	*77772	G6005	
*32553	*77263	*77331	*77407	*77525	*77778	G6006	
*41019	*77280	*77332	*77412	*77600	*77789	G6007	
*49411	*77285	*77333	*77417	*77605	*77790	G6008	
*49412	*77290	*77334	*77423	*77610	*77799	G6009	
*55875	*77293	*77336	*77424	*77615	A9513 <sup>1</sup>	G6010	
*55876	*77295	*77338	*77425	*77620	A9590 <sup>3</sup>	G6011	
*55920	*77299	*77371	*77427	*77750	A9606	G6012	
*57155	*77300	*77372	*77431	*77761	G0339	G6013	
*57156	*77301	*77373	*77432	*77762	G0340	G6014	

<sup>1</sup>Effective for dates of service on or after Feb. 1, 2019.

<sup>2</sup>These codes are not payable for Medicare Plus Blue members but are payable for Blue Cross<sup>1</sup> PPO (commercial) members.

<sup>3</sup>Effective April 1, 2020

## For Medicare Plus Blue only

### Post-acute care services requiring authorization by eviCore

Effective for the following dates of service:

- For Medicare Plus Blue 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<sup>1</sup> PPO members.**

No specific codes are identified.

# Procedures that require authorization by eviCore healthcare

For Blue Cross PPO<sup>1</sup> (commercial), Medicare Plus Blue<sup>SM</sup> PPO,  
BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

Updated March 2020

## For BCN HMO (commercial) and BCN Advantage

<b>Epidural and facet joint procedures requiring authorization by eviCore</b>						
<b>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).</b>						
*62281	*62318 <sup>1</sup>	*62322 <sup>2</sup>	*62326 <sup>2</sup>	*64483	*64491	*64494
*62282	*62319 <sup>1</sup>	*62323 <sup>2</sup>	*62327 <sup>2</sup>	*64484	*64492	*64495
*62310 <sup>1</sup>	*62320 <sup>2</sup>	*62324 <sup>2</sup>	*64479	*64490	*64493	
*62311 <sup>1</sup>	*62321 <sup>2</sup>	*62325 <sup>2</sup>	*64480			
<b>Other interventional pain management procedures (sacroiliac joint injections, epidural adhesiolysis, radiofrequency ablation and regional sympathetic blocks) requiring authorization by eviCore</b>						
<b>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 (unless otherwise noted).</b>						
*0213T	*0217T	*0230T	*64451 <sup>3</sup>	*64476	*64633	
*0214T	*0218T	*0231T	*64470	*64510	*64634	
*0215T	*0228T	*27096	*64472	*64520	*64635	
*0216T	*0229T	*62280	*64475	*64625 <sup>3</sup>	*64636	

<sup>1</sup>eviCore reviews this code for dates of service Sept. 1 through Dec. 31, 2016, only. <sup>2</sup>Effective Jan. 1, 2017 <sup>3</sup>Effective May 1, 2020

## For BCN HMO (commercial) and BCN Advantage

<b>PT/OT/ST (by therapists) requiring authorization by eviCore</b>							
<b>Applies to adult and pediatric BCN HMO and BCN Advantage members, for all diagnoses.<sup>1</sup></b>							
<b>Physical therapy (by therapists) only:</b> *97036, *97116 and *97164			<b>Occupational therapy only:</b> *97168			<b>Speech therapy only:</b> *92507 and *92508	
<b>This code represents either physical therapy (by therapists) or occupational therapy or speech therapy: *97533</b>							
<b>These codes represent either physical therapy (by therapists) or occupational therapy:</b>							
*97010	*97018	*97028	*97035	*97113	*97140	*97750	*97763
*97012	*97022	*97032	*97039	*97124	*97530	*97755	*97799
*97014	*97024	*97033	*97110	*97127	*97535	*97760	G0283
*97016	*97026	*97034	*97112	*97139	*97542	*97761	G0515
<b>Physical medicine services (by chiropractors) requiring authorization by eviCore</b>							
<b>Applies to adult and pediatric BCN HMO members only, for all diagnoses.<sup>1</sup></b>							
*97012	*97018	*97024	*97028	*97034	*97110	*97113	*97124
*97014	*97022	*97026	*97032	*97035	*97112	*97116	*97140

<sup>1</sup>Exception: For members with an autism diagnosis (F84.0, F84.5, F84.8 and F84.9), eviCore manages authorizations for age 19 and older. For members with an autism diagnosis who are under 19, no authorization is needed.

Note: eviCore healthcare authorizes therapy treatment but does not authorize specific procedure codes. In the eviCore provider portal, providers select the therapy type (MSMOT, MSMPT or MSMST). Providers must submit a separate authorization request for each therapy type and eviCore makes a determination on each authorization request submitted.

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Updated March 2020

## For BCN 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	*77401	*77525	*77767 <sup>1</sup>	A9513 <sup>2</sup>	G6004	G6014
*0394T <sup>1</sup>	*77402	*77600	*77768 <sup>1</sup>	A9590 <sup>3</sup>	G6005	G6015
*0395T <sup>1</sup>	*77407	*77605	*77770 <sup>1</sup>	A9606 <sup>2</sup>	G6006	G6016
*77014	*77412	*77610	*77771 <sup>1</sup>	G0173	G6007	
*77371	*77423	*77615	*77772 <sup>1</sup>	G0251	G6008	
*77372	*77424	*77620	*77776	G0339	G6009	
*77373	*77425	*77750	*77777	G0340	G6010	
*77385	*77520	*77761	*77778	G6001	G6011	
*77386	*77522	*77762	*77785	G6002	G6012	
*77387	*77523	*77763	*77786	G6003	G6013	

<sup>1</sup>Effective Jan. 1, 2016

<sup>2</sup>Effective for dates of service on or after Feb. 1, 2019.

<sup>3</sup>Effective April 1, 2020