

## Blue Cross and Blue Shield of Minnesota and Blue Plus Medicare Advantage (PPO) Prior Authorization and Notification Requirements

### Overview

Prior Authorization is required for various services, procedures, prescription drugs, and medical devices. This document contains the full list of services, procedures, prescription drugs, and medical devices<sup>1</sup> that require prior authorization/notification for Blue Cross and Blue Shield of Minnesota Medicare Advantage PPO products. Prior authorization should be obtained before a service is rendered and, if applicable, before additional services are rendered beyond what has previously been approved.

The prior authorization process determines whether services are medically necessary and appropriate based on clinical coverage criteria and is not a reflection of a member's benefits or eligibility. Benefits and eligibility must be verified each time a member seeks services. Prior authorization is based on a medical necessity review and is not a guarantee of payment. Payment requires that the contract is in force on the day services are provided and is subject to all provisions and limitations in the subscriber's health plan benefit contract, including general exclusions.

Blue Cross and Blue Shield of Minnesota also requires notification<sup>2</sup> for certain service(s). This document further outlines the notification process and the service(s) that require notification below.

### Submitting Prior Authorization/Org-Determination/Notifications

Providers may submit prior authorization, org-determination and/or notification requests on [Availity.com](https://www.availity.com). If unable to submit request using Availity, provider may submit request to Blue Cross Utilization Management Department using the appropriate form: [Pre-Authorization/Pre-Certification/Notification Forms](#)

When submitting a prior authorization, org-determination or notification request, please ensure the following are available:

<sup>1</sup> Services, procedures, prescription drugs and medical devices may be referred to as simply 'service(s)' in the remainder of this document.

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- The patient name (as it appears on the member's identification card)
- The patient subscriber ID, including alpha prefix, and group number
- The patient date of birth
- Name of ordering/admitting physician and NPI number
- Name of servicing/rendering physician and NPI number
- Diagnosis/CPT/HCPCS codes pertinent to the requested service and narrative description of service requested
- Clinical documentation to support the service request based on the relevant Medical Policy's documentation requirements
- Requestor's contact name, phone and fax number and location

To assure timely processing, please submit your request on [Availity.com](https://www.availity.com).

Access the [Blue Cross and Blue Shield of Minnesota Medical and Behavioral Health Policies](#) on our website.

The below list includes the standard prior authorization (PA)/notification requirements for Medicare Advantage PPO products based on today's date. Upcoming changes to PA requirements can be found in the monthly Provider Bulletins published online at [bluecrossmn.com/providers/forms-and-publications](https://bluecrossmn.com/providers/forms-and-publications) or by using the Authorizations tool in the Availity® provider portal.

The CPT/HCPCS codes listed are included for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

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Blue Cross and Blue Shield of Minnesota Medicare Advantage (PPO) - Notifications		
Notification Only	Inpatient Admissions (Medical/Mental Health)	
Notification Only	Inpatient Substance Use Admissions	
Notification Only	Non-MN (other States) Admissions or Non-Participating Facility	
Blue Cross and Blue Shield of Minnesota Medicare Advantage (PPO) - Prior-Authorization Requirements		
Medical Policy Number or Criteria	Service Category	CPT/HCPCS Codes
<b>Ancillary Services</b>		
Medicare	Non-Emergent Air Ambulance	A0430, A0431, A0435, A0436
<b>Behavioral Health</b>		
Medicare	Psychological & Neuropsychological Testing	96116, 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 9614
Medicare, X-46	Electroconvulsive Therapy (ECT)	90870
<b>Medical Pharmacy and Injectables under Part B</b>		
<i>Electronic medical drug prior authorization requests can be submitted electronically to Blue Cross thru Availity.com or transmitted electronically through an integrated electronic medical record (EMR) system.</i>		
II-161	Abatacept (Orencia®)	J0129
Medicare	Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension <ul style="list-style-type: none"> <li>Sildenafil (Revatio®) Injection: J3490</li> <li>Selexipag (Uptravi®) Injectable: C9399, J3490, J3590</li> </ul>	C9399, J3490, J3590
II-238	Afamelanotide (Scenesse®)	J7352
II-26	Agalsidase beta (Fabrazyme®)	J0180
II-184	Alemtuzumab (Lemtrada™)	J0202
II-186	Alglucosidase alfa (Lumizyme®)	J0221
Medicare	Alpha-1 Proteinase Inhibitors (Aralast NP™, Glassia®, Prolastin-C®, Zemaira®)	J0256, J0257
Medicare	Anifrolumab (Saphnelo™)	J0491

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Medicare	Avacincaptad pegol (Izervay™)	J3490, J3590, C9162, C9399
Medicare	Avalglucosidase Alfa (Nexviazyme®)	J0219
II-152	Belimumab (Benlysta®)	J0490
II-203	Benralizumab (Fasenra®)	J0517
Medicare	Betibeglogene autotemcel (Zynteglo®)	C9399, J3490, J3590
II-199	Bezlotoxumab (Zinplava®)	J0565
Medicare	Botulinum Toxins: <ul style="list-style-type: none"> <li>• OnabotulinumtoxinA (Botox®): J0585</li> <li>• AbobotulinumtoxinA (Dysport®): J0586</li> <li>• RimabotulinumtoxinB (Myobloc®): J0587</li> <li>• IncobotulinumtoxinA (Xeomin®): J0588</li> <li>• DaxibotulinumtoxinA (Daxxify®): C9160, C9399, J3490, J3590</li> <li>• PrabotulinumtoxinA (Jeuveau®): C9399, J3490, J3590</li> </ul>	C9160, C9399, J0585, J0586, J0587, J0588, J3490, J3590
II-212	Burosumab (Crysvita®)	J0584
Medicare, II-229, II-247	C5 Inhibitors and Neonatal Fc receptor blocker (gMG only): <ul style="list-style-type: none"> <li>• Eculizumab (Soliris®): J1300</li> <li>• Ravulizumab (Ultomiris™): J1303</li> <li>• Efgartigimod alfa (Vyvgart™): J9332</li> <li>• Rozanolixizumab (Rystiggo): J9333</li> <li>• Efgartigimod alfa and hyaluronidase (Vyvgart Hytrulo®): J9334</li> </ul> Note: Preferred drugs are Ravulizumab (Ultomiris™), Efgartigimod alfa (Vyvgart™), Rozanolixizumab (Rystiggo) & Efgartigimod alfa and hyaluronidase (Vyvgart	J1300, J1303, J9332, J9333, J9334

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	Hytrulo®).	
	See the Medicare Advantage (PPO) Part B Step Therapy Program – <a href="#">Preferred Drug List</a> for guidelines.	
Medicare	Casimersen (Amondys 45™)	J1426
II-176	Cerliponase alfa (Brineura®)	J0567
II-179	Certolizumab Pegol (Cimzia®)	J0717
Medicare	Chimeric Antigen Receptor (CAR) T-Cell Therapy (Abecma®, Breyanzi®, Kymriah™, Tecartus®, Yescarta™)	Q2041, Q2042, Q2053, Q2054, Q2055, Q2056
Medicare	Ciltacabtagene Autoleucl (Carvykti™)	Q2056
Medicare	Cipaglucoasidase alfa (Pombiliti)	C9399, J3490, J3590
II-235	Crizanlizumab (Adakveo®)	J0791
Medicare	Darbepoetin alfa (Aranesp®)	J0882
Medicare	Delandistrogene moxeparovec (Elevidys®)	J1413
II-178	Edaravone (Radicava®)	J1301
II-227	Elapegademase (Revcovi™)	C9399, J3590
II-218	Elosulfase Alfa (Vimizim®)	J1322
II-204	Emapalumab-Izsg (Gamifant™)	J9210
Medicare	Epcoritamab (Epkinly™)	J9321
II-240	Eptinezumab (Vyepiti™)	J3032
II-226	Esketamine Nasal Spray (Spravato™)	G2082, G2083
Medicare	Eteplirsen (Exondys 51™)	J1428
Medicare	Etranacogene dezaparovec (Hemgenix®)	J1411
II-250	Evinacumab-dgnb (Evkeeza™)	J1305
Medicare	Exagamglogene autotemcel (Casgevy™)	C9399, J3490, J3590
II-217	Galsulfase (Naglazyme®)	J1458
II-180	Golimumab (Simponi Aria®)	J1602
Medicare	Golodirsen (Vyondys 53)	J1429

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II-234	Givosiran (Givlaari™)	J0223
Medicare, II-247	<p>Hyaluronan Injections:</p> <p>Note: Preferred drugs are Synvisc, Synvisc-One, and Euflexxa.</p> <p>See the Medicare Advantage (PPO) Part B Step Therapy Program – <a href="#">Preferred Drug List</a> for guidelines.</p>	<ul style="list-style-type: none"> <li>• Synvisc Synvisc® or Synvisc-One® J7325</li> <li>• Euflexxa® J7323</li> <li>• Durolane® J7318</li> <li>• GenVisc® 850 J7320</li> <li>• Hyalgan®, Supartz® or Visco-3™ J7321</li> <li>• Hymovis® J7322</li> <li>• Orthovisc® J7324</li> <li>• Gel-One® J7326</li> <li>• Monovisc® J7327</li> <li>• GelSyn® J7328</li> <li>• TriVisc® J7329</li> <li>• Synojoynt™ J7331</li> <li>• Triluron™ J7332</li> </ul>
II-215	Idursulfase (Elaprase®)	J1743
Medicare	Immunoglobulin IV or SQ Replacement Therapy	J1459, J1551, J1554, J1556, J1557, J1566, J1568, J1572, J1576, J1599
Medicare	Inclisiran (Leqvio®)	J1306
Medicare	Inebilizumab-cdon (Uplizna™)	J1823
Medicare, II-247	<p>Infliximab (Remicade®, Inflectra®, Renflexis®, Ixifi®, Avsola™, Zymfentra™, Unbranded Infliximab)</p> <p>Note: Preferred drugs are Remicade®, Inflectra®, Renflexis® and Unbranded Infliximab.</p> <p>See the Medicare Advantage (PPO) Part B Step Therapy</p>	C9399, J1745, J3490, J3590, Q5103, Q5104, Q5109, Q5121

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	Program – <a href="#">Preferred Drug List</a> for guidelines.	
II-145	Injectable Clostridial Collagenase for Fibroproliferative Disorders (Xiaflex®)	J0775
Medicare	Intravenous Enzyme Replacement Therapy for Gaucher Disease (Cerezyme®, Elelyso®, Vpriv®)	J1786, J3060, J3385
Medicare	Intravenous Risankizumab (Skyrizi®)	J2327
Medicare	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions <ul style="list-style-type: none"> <li>• Aflibercept (Eylea®, Eylea® HD)</li> <li>• Brolocizumab (Beovu™)</li> <li>• Faricimab (Vabysmo™)</li> <li>• Pegaptanib Sodium (Macugen®)</li> <li>• Ranibizumab (Byooviz™, Cimerli™, Lucentis®, Susvimo™)</li> </ul>	C9399, J0177, J0178, J0179, J2503, J2777, J2778, J2779, J3490, J3590, Q5124, Q5128
II-216	Laronidase (Aldurazyme®)	J1931
Medicare	Lifileucel (Amtagvi™)	C9399, J3490, J3590
Medicare	Lovotibeglogene autotemcel (Lyfgenia™)	C9399, J3490, J3590
II-248	Lumasiran (Oxlumo™)	J0224
II-237	Luspatercept (Reblozyl®)	J0896
II-201	Mepolizumab (Nucala®)	J2182
Medicare	Mirikizumab (Omvoh)	C9399, J3490, J3590
Medicare	Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD): <ul style="list-style-type: none"> <li>• Aducanumab (Aduhelm™): J0172</li> <li>• Lecanemab (Leqembi™): J0174</li> </ul>	J0172, J0174
Medicare	Motixafortide (Aphexda™)	C9399, J3490, J3590
Medicare	Nadofaragene Firadenovec (Adstiladrin®)	J9029
II-49	Natalizumab (Tysabri®)	J2323

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II-171	Nusinersen (Spinraza™)	J2326
II-185	Ocrelizumab (Ocrevus®)	J2350
Medicare	Olipudase Alfa (Xenpozyme®)	J0218
Medicare	Omalizumab (Xolair®)	J2357
II-230	Onasemnogene abeparvovec (Zolgensma®)	J3399
Medicare	Omidubicel-onlv (Omisirge®)	C9399, J3490, J3590
II-220	Patisiran (Onpattro™)	J0222
Medicare	Pegcetacoplan (Syfovre™)	J2781
II-227	Pegademase bovine (Adagen®)	J2504
II-147	Pegloticase (Krystexxa®)	J2507
Medicare	Pegunigalsidase alfa (Elfabrio®)	J2508
II-102	Pharmacologic Therapies for Hereditary Angioedema <ul style="list-style-type: none"> <li>• C1-Esterase Inhibitor:               <ul style="list-style-type: none"> <li>▪ Berinert®: J0597</li> <li>▪ Cinryze®: J0598</li> <li>▪ Ruconest®: J0596</li> </ul> </li> <li>• Ecallantide (Kalbitor®) J1290</li> </ul>	J0596, J0597, J0598, J1290
II-202	Reslizumab (Cinqair®)	J2786
Medicare	Rituximab, biosimilars and Rituximab and hyaluronidase human (Rituxan Hycela™)' (Riabni™, Rituxan®, Truxima®, Ruxience™) <ul style="list-style-type: none"> <li>• Non-oncologic indications only</li> </ul>	J9312, Q5115, Q5119, Q5123
II-211	Romiplostim (Nplate®)	J2796
II-236	Romozozumab (Evenity®)	J3111
II-200	Sebelipase Alfa (Kanuma®)	J2840
Medicare	Spesolimab (Spevigo®)	J1747
Medicare	Sutimlimab (Enjaymo™)	J1302

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Medicare	Teclistimab (Tecvayli™)	J9380
Medicare	Teplizumab (Tziel™)	J9381
II-239	Teprotumumab (Tepezza®)	J3241
Medicare	Tezepelumab (Tezspire™)	J2356
II-222	Tildrakizumab (Ilumya™)	J3245
II-181	Tocilizumab (Actemra®) and biosimilar (Tofidence™) <ul style="list-style-type: none"> <li>• Non-oncologic indications</li> </ul>	C9399, J3490, J3590, J3262
Medicare	Tofersen (Qalsody™)	J1304
Medicare	Triamcinolone Acetonide Suprachoroidal Injection (Xipere™)	J3299
Medicare	Ublituximab (Briumvi™)	J2329
II-168	Ustekinumab (Stelara®)	J3358
Medicare	Valoctocogene roxaparovec (Roctavian®)	J1412
II-182	Vedolizumab (Entyvio®)	J3380
Medicare	Velmanase alfa (Lamzed®)	J0217
II-219	Vestronidase Alfa (Mepsevii™)	J3397
Medicare	Viltolarsen (Viltepso®)	J1427
Medicare	Voretigene neparovec (Luxturna®)	J3398
Medicare	Vutrisiran (Amvuttra™)	J0225
<b>Procedures</b>		
IV-165	Absorbable Nasal Implant for Treatment of Nasal Valve Collapse	C1889, 30468
		A4100 Q4100, Q4132, Q4133, Q4137, Q4138, Q4139, Q4140, Q4145, Q4148, Q4150, Q4151, Q4153, Q4154, Q4155, Q4156, Q4157, Q4159, Q4160, Q4162, Q4163, Q4168, Q4169, Q4170, Q4171, Q4173,

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IV-145	Amniotic Membrane and Amniotic Fluid	Q4174, Q4175, Q4176, Q4178, Q4180, Q4181, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4194, Q4198, Q4199, Q4201, Q4204, Q4205, Q4206, Q4208, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4221, Q4224, Q4225, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4279, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, V2790
IV-162	Balloon Dilation of the Eustachian Tube	69705, 69706
IV-01	Balloon Ostial Dilation	31295, 31296, 31297, 31298
Medicare, IV-19	Bariatric Surgery: All types including revisions	43644, 43645, 43774, 43775, 43848
		A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A4100, C1763, C1832, C1849, C9354, C9356,

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IV-137	Bioengineered Skin & Soft Tissue Substitutes	C9358, C9360, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4134, Q4135, Q4136, Q4141, Q4142, Q4143, Q4146, Q4147, Q4149, Q4152, Q4158, Q4164, Q4165, Q4166, Q4167, Q4179, Q4182, Q4195, Q4196, Q4197, Q4200, Q4202, Q4203, Q4220, Q4222, Q4226, Q4238
Medicare	Blepharoplasty and Brow Ptosis Repair	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908
Medicare, IV-14	Breast Implant Removal	19328, 19330
Medicare	Reduction Mammoplasty	19316, 19318
IV-143	Closure Devices for Atrial Septal Defects and Patent Foramen Ovale	C1817, 93580
Medicare	Deep Brain Stimulation for Essential Tremor and Parkinson's Disease	61885, 61886, 61888
IV-150	Endothelial Keratoplasty	65756, 65757
Medicare	Extracorporeal Photopheresis	36522
IV-123	Gender Affirming Procedures	15824, 15825, 15826, 15835, 19316, 19318, 19325, 19350, 21120, 21122, 21123, 21208, 21209, 21210, 21270, 30400, 30420, 30435, 54125, 54520, 55970, 55980, 56805, 57291, 57292, 57335
IV-71	Gynecomastia Surgery	19300

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Medicare	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	64568, 64582, 64583
IV-82	Liposuction	15876, 15877, 15878, 15879
Medicare	Mastopexy	19316
IV-16	Orthognathic Surgery	21121, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198
IV-24	Panniculectomy/Excision of Redundant Skin or Tissue	15819, 15825, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15830, 15839, 15847, 56620, 56625
Medicare, IV-166	Penile Prothesis Implantation	C1813, C2622, 54400, 54401, 54405, 54410, 54416
Medicare	Percutaneous Left Atrial Appendage Closure (LAAC)	33340
Medicare	Prostate Rectal Spacers	55874
Medicare, II-192	Plasma Exchange	36514
IV-27	Risk-Reducing Mastectomy (No PA required for risk-reducing mastectomy due to breast cancer or high risk of breast cancer due to known genetic mutation)	19303
IV-73	Rhinoplasty, Septorhinoplasty, and Septoplasty	30400, 30410, 30420, 30430, 30435, 30450
IV-158	Surgical Treatments of Lymphedema	38308, 38999
II-07	Temporomandibular Disorder (TMD): Diagnosis and Selected Treatments	D7880
Medicare	Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis	33361, 33362, 33363, 33364, 33365, 33366
Medicare	Transcatheter Mitral Valve Repair (TMVR)	0345T, 33418, 33419
IV-07	Uvulopalatopharyngoplasty (UPPP) Surgical Treatment of Sleep Apnea	21198, 42140, 42145, 42950

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Medicare	Vagus Nerve Stimulation	61885, 64568
Medicare	Vein Treatment: Endoluminal Ablation Therapy, Spider Vein Treatment & Sclerotherapy	36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780
IV-144	Viscocanalostomy and Canaloplasty for the Treatment of Glaucoma	66174, 66175
<b>Transplants</b> <i>Consult, Evaluation, Workup &amp; Human Leukocyte Antigen (HLA) typing and testing also called Tissue Typing, do not require prior authorization/notification</i>		
Medicare, IV-128	Organ Transplantation (No PA required for Kidney and Cornea, except as noted above for Endothelial Keratoplasty)	32851, 32854, 33945, 47135, 48554
Medicare, II-114, II-115, II-117, II-118, II-119, II-121, II-122, II-123, II-129, II-130, II-131, II-133, II-135, II-136, II-138	Stem Cell Transplantation	38205, 38241, 38242
<b>Specialty Utilization Management</b> <i>Pre-Authorization medical necessity reviews are completed by eviCore. Please submit your request on Availity.com for timely processing.</i>		
eviCore (Cardiology)	Cardiac Advanced Imaging (including Echo Stress Testing, Nuclear Stress Tests / MPI, Cardiac MRI, Cardiac PET, and CCTAs)	For a current list of code(s) please visit:  <a href="#">eviCore Healthcare Specialty Utilization Management Clinical Guidelines</a>
eviCore (Cardiology)	Cardiac Catheterization, Cardiac Resynchronization Implantable Devices	
eviCore (DME)	Durable Medical Equipment	
eviCore (HHC)	Home Health Care	
eviCore (Lab Management)	Molecular and Genomic Testing	
eviCore (Medical Oncology)	Medical Oncology (Primary and Supportive Cancer Treatment Drugs)	

<sup>1</sup> Services, procedures, prescription drugs and medical devices may be referred to as simply 'service(s)' in the remainder of this document.  
<sup>2</sup> A notification is a notice of service that does not require medical necessity criteria review to be completed at the time of admission or onset of outpatient service.

Blue Cross Blue Shield of Minnesota and Blue Plus  
 Medicare Advantage (PPO)  
 Prior Authorization/Notification List



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eviCore (Cardiology)	Cardiac Advanced Imaging (including Echo Stress Testing, Nuclear Stress Tests / MPI, Cardiac MRI, Cardiac PET, and CCTAs)	
eviCore (Cardiology)	Cardiac Catheterization, Cardiac Resynchronization Implantable Devices	
eviCore (DME)	Durable Medical Equipment	
eviCore (HHC)	Home Health Care	
eviCore (Lab Management)	Molecular and Genomic Testing	
eviCore (Musculoskeletal)	Interventional Pain Management (Spine/Joint Injections, Stimulators, Blocks, RF Ablation, etc.)	
eviCore (Musculoskeletal)	Knee/Hip/Shoulder Surgery	
eviCore (Musculoskeletal)	Spine Surgery	
eviCore (Radiation Therapy)	Radiation Therapy	
eviCore (Radiology)	Radiology Advance Imaging (MRI, MRA, PET, CT, and Nuclear Studies)	
eviCore (PAC)	Post-Acute Care Skilled Nursing Facilities (SNF), Long-Term Acute Care Facilities (LTAC) and Inpatient Rehabilitation Facilities (IRF)	
eviCore (Sleep Management)	Sleep Management	

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