



## BlueCross BlueShield of Oklahoma

### 2018 Additional Codes for Blue Cross and Blue Shield of Oklahoma Preauthorization (Fully-Insured Commercial)

This list includes procedure codes related to additional care categories for which benefit preauthorization through Blue Cross and Blue Shield of Oklahoma (BCBSOK) will be required effective Jan. 1, 2018 for the networks listed below:

- Blue Choice PPO (PPO)**
- Blue Advantage PPO (BVP)**
- Blue Preferred PPO (EPP)**
- Blue Traditional (PAR)**
- Blue Lincs HMO (HMO)**

Updates to the list are announced routinely in the News and Updates section of the [bcbsok.com/provider](http://bcbsok.com/provider) page.

**Note:** This list contains the additional codes requiring benefit preauthorization effective Jan. 1, 2018 only. Services which began requiring benefit preauthorization prior to Jan. 1, 2018 are not included in this list, but are still in effect. To confirm if benefit preauthorization is needed, check eligibility and benefits through Availity™ or your preferred vendor portal or call the customer service number on the member's ID card.

Codes noted in red on this list will no longer require preauthorization effective 2/23/2018.

Procedure Code	Description	Notes
15824	RHYTIDECTOMY; FOREHEAD	
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	
19316	MASTOPEXY	
19318	REDUCTION MAMMAPLASTY	
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION	
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	

21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	
21147	RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCL OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILAT ALVEOLAR CLEFT OR MULT OSTEOTOMIES)	
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	
21196	RECONSTRUCTION OF MANDIBULAR RAMUS AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	
22533	ARTHRODESIS LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FO RDECOMPRESSION); LUMBAR	

22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATE FROM PRIMARY PROC)	
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE)	
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISKECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISKECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSPACE	
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAL WIRES); 3 TO 6 VERTEBRAL SEGMENTS	
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAL WIRES); 7 TO 12 VERTEBRAL SEGMENTS	

22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAL WIRES); 13 OR MORE VERTEBRAL SEGMENTS	
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S), THREADED BONE DOWEL(S), METHYLMETHACRYLATE) TO VERTEBRAL DEFECT OR INTERSPACE	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR, SINGLE INTERSPACE	
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL CERVICAL.	
22861	DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL	
22862	CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL CERVICAL	
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT)	
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018

29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLAST (IE TREATMENT OF CAM LESION)	
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACERABULOPLSTY (IE, TREATMENT OF PINCER LESION)	
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30100	BIOPSY, INTRANASAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30110	EXCISION, NASAL POLYP(S), SIMPLE	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30117	EXCISION OR DESTRUCTION, INTRANASAL LESION; INTERNAL APPROACH	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30118	EXCISION OR DESTRUCTION, INTRANASAL LESION; EXTERNAL APPROACH	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	
30150	RHINECTOMY; PARTIAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30160	RHINECTOMY; TOTAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018

30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30560	LYSIS INTRANASAL SYNECHIA	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30600	REPAIR FISTULA; ORONASAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30630	REPAIR NASAL SEPTAL PERFORATIONS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018

30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; INITIAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; SUBSEQUENT	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30915	LIGATION ARTERIES; ETHMOIDAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
30999	UNLISTED PROCEDURE, NOSE	
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCCOCELE OR OSTEOMA, LYNCH TYPE)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018

31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY, ETHMOID, SPHENOID)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018



31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION)	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
31296	NASAL, SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION	
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	
38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CORTICAL	

61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERVENTRICULAR, PERIAQUEDUCTAL GRAY), WIT	
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHO	
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), W	
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WI	
61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO ASINGLE ELECTRODE ARRAY	
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO TWO OR MORE ELECTRODE ARRAYS	
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
63663	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
63664	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	

64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY	
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY	
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	

92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	
95970	ELECTRONIC ANAL OF IMPLANT NEUROSTIM PULSE GEN SYS; SIMPLE/COMPLEX BRAIN, SPINAL CORD/PERIPHERAL (IE, CRANIAL NERVE, PERIPH NERVE, AUTONOMIC NERVE, NEUROMUSC) NEUROSTIM PULSE GEN/TRANSMIT, WO REPROGRAM	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95971	ELECTRONIC ANAL OF IMPLANT NEUROSTIM PULSE GEN SYS; SIMPLE BRAIN, SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, AUTONOMIC NERVE, NEUROMUSCULAR) NEUROSTIM PULSE GEN/TRANSMIT, W INTRAOP/SUBSEQ PROG	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95972	ELECTRONIC ANAL OF IMPLANT NEUROSTIM PULSE GEN SYS; COMPLEX BRAIN, SPINAL CORD, OR PERIPHERAL (EXCEPT CRANIAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOP/SUBSEQ PROG, FIRST HOUR	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, BATTERY STATUS, ELECTRODE SELECTABILITY AND POLARITY, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS), COMPLEX DEEP BR	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, BATTERY STATUS, ELECTRODE SELECTABILITY AND POLARITY, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS), COMPLEX DEEP BR	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	

99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), LUMBAR, EACH ADDITIONAL INTERSPACE	
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0312T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL TRUNKS ADJACENT TO ESOPHAGOGASTRIC JUNCTION (EGJ), WITH IMPLANTATION OF PULSE GENERATOR, INCLUDES PROGRAMMING	
0313T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	
0314T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	
0315T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR	
0316T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT OF PULSE GENERATOR	
0317T	VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMMING WHEN PERFORMED	
0375T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0406T	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT	
0407T	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT; WITH POLYPECTOMY, BIOPSY OR DEBRIDEMENT	
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018

C1726	POLYPECTOMY, BIOPSY OR DEBRIDEMENT	WILL NOT REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON- INVASIVE	
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	
E0770	FUNCTIONAL ELECTRIC STIM NOS	
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (EG, CMI, COLLAGEN SCAFFOL, MENAFLEX)	
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	
L8614	COCHLEAR DEVICE/SYSTEM	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,EACH	
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR,OTHER THAN EAR LEVEL, REPLACEMENT, EACHOTHER THAN EAR LEVEL, REPLACEMENT, EACH	
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EARLEVEL, REPLACEMENT, EACHLEVEL, REPLACEMENT, EACH	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED,FOR USE WITH COCHLEAR IMPLANT DEVICE	
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	
L8681	PT PRGRM FOR IMPLT NEURSTIM	
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATORRADIOFREQUENCY RECEIVERRADIOFREQUENCY RECEIVER	
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE,INCLUDES EXTENSIONINCLUDES EXTENSION	
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSIONINCLUDES EXTENSION	

L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDESEXTENSIONEXTENSION	
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSIONINCLUDES EXTENSION	
L8689	EXTERNAL RECHARGE SYS INTERNEXTERNAL RECHARG SYS INTERN	
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	
L8695	EXTERNAL RECHARGE SYS EXTERN	
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)	
S2120	LOW DENSITY LIPOPROTEIN (LDL) APHERESIS USING HEPARIN-INDUCED EXTRACORPOREAL LDL PRECIPITATION	
S2342	NASAL ENDOSCOPY FOR POST-OPERATIVE DEBRIDEMENT FOLLOWING FUNCTIONAL ENDOSCOPIC SINUS SURGERY, NASAL AND/OR SINUS CAVITY(S), UNILATERAL OR BILATERAL	WILL <b>NOT</b> REQUIRE PREAUTHORIZATION EFFECTIVE 2/23/2018

Please note that the fact that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

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