





**Effective August 31, 2019, H-E-B Members - Group # 091043
Only Additional Prior Authorization Procedure Codes Lists for:**

Select the applicable link below to locate the codes within the care category listed:

- [Knee/Hip/Spine](#)
- [Genetic Testing](#)
- [Sleep Study/Sleep Apnea](#)
- [Specialty Drug](#)

General Information:

- Procedures on the following pages require prior authorization. **This list is not exhaustive of all codes.** Selected procedure codes and service categories listed on the [Prior Authorizations & Predeterminations](#) page on the Blue Cross and Blue Shield of Texas (BCBSTX) [provider website](#), may not be included in this procedure code list.
- Consult the H-E-B member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. Providers should use [Avality®](#) or their preferred vendor to obtain eligibility and benefits, determine if you are in-network for the member's plan and whether prior authorization/prenotification is required.
- Updates to this list are announced in the [News and Updates](#) section of the BCBSTX website.
- **For services indicating BCBSTX PA (Prior Authorization) REQUIRED:**
 - Submit via Avality® Authorizations & Referrals, a web-based automated tool. To learn more, visit [Avality Authorizations & Referrals](#), on the website.
 - Call the phone number listed on the member/participant's ID card.
- **For services indicating eviCore® PA (Prior Authorization) REQUIRED:**
 - Visit the [eviCore Healthcare Web Portal](#) 
 - Providers can call toll-free at 1-855-252-1117

 By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third-party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.



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Additional Prior Authorization Procedure Codes Lists for:**

KNEE/HIP/SPINE PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
20930	SP BONE ALGRFT MORSEL ADD-ON	BCBSTX PA REQUIRED
20931	SP BONE ALGRFT STRUCT ADD-ON	BCBSTX PA REQUIRED
20936	SP BONE AGRFT LOCAL ADD-ON	BCBSTX PA REQUIRED
20937	SP BONE AGRFT MORSEL ADD-ON	BCBSTX PA REQUIRED
20938	SP BONE AGRFT STRUCT ADD-ON	BCBSTX PA REQUIRED
22533	LAT LUMBAR SPINE FUSION	BCBSTX PA REQUIRED
22534	LAT THOR/LUMB ADDL SEG	BCBSTX PA REQUIRED
22551	NECK SPINE FUSE & REMOV BEL C2	BCBSTX PA REQUIRED
22558	LUMBAR SPINE FUSION	BCBSTX PA REQUIRED
22585	ADDITIONAL SPINAL FUSION	BCBSTX PA REQUIRED
22612	LUMBAR SPINE FUSION	BCBSTX PA REQUIRED
22614	SPINE FUSION EXTRA SEGMENT	BCBSTX PA REQUIRED
22630	LUMBAR SPINE FUSION	BCBSTX PA REQUIRED
22632	SPINE FUSION EXTRA SEGMENT	BCBSTX PA REQUIRED
22633	LUMBAR SPINE FUSION COMBINED	BCBSTX PA REQUIRED
22634	SPINE FUSION EXTRA SEGMENT	BCBSTX PA REQUIRED
22841	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22842	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22843	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22844	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22845	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22846	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22847	INSERT SPINE FIXATION DEVICE	BCBSTX PA REQUIRED
22853	INSJ BIOMECHANICAL DEVICE	BCBSTX PA REQUIRED
22854	INSJ BIOMECHANICAL DEVICE	BCBSTX PA REQUIRED
22857	LUMBAR ARTIF DISKECTOMY	BCBSTX PA REQUIRED
22859	INSJ BIOMECHANICAL DEVICE	BCBSTX PA REQUIRED
22862	REVISE LUMBAR ARTIF DISC	BCBSTX PA REQUIRED
22867	INSJ STABLJ DEV W/DCMPRN	BCBSTX PA REQUIRED
22868	INSJ STABLJ DEV W/DCMPRN	BCBSTX PA REQUIRED
22869	INSJ STABLJ DEV W/O DCMPRN	BCBSTX PA REQUIRED

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
22870	INSJ STABLJ DEV W/O DCMPRN	BCBSTX PA REQUIRED
27125	PARTIAL HIP REPLACEMENT	BCBSTX PA REQUIRED
27130	TOTAL HIP ARTHROPLASTY	BCBSTX PA REQUIRED
27132	TOTAL HIP ARTHROPLASTY	BCBSTX PA REQUIRED
27438	REVISE KNEECAP WITH IMPLANT	BCBSTX PA REQUIRED
27440	REVISION OF KNEE JOINT	BCBSTX PA REQUIRED
27441	REVISION OF KNEE JOINT	BCBSTX PA REQUIRED
27442	REVISION OF KNEE JOINT	BCBSTX PA REQUIRED
27443	REVISION OF KNEE JOINT	BCBSTX PA REQUIRED
27446	REVISION OF KNEE JOINT	BCBSTX PA REQUIRED
27447	TOTAL KNEE ARTHROPLASTY	BCBSTX PA REQUIRED
27486	REVISE/REPLACE KNEE JOINT	BCBSTX PA REQUIRED
27487	REVISE/REPLACE KNEE JOINT	BCBSTX PA REQUIRED
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	BCBSTX PA REQUIRED
63005	REMOVE SPINE LAMINA 1/2 LMBR	BCBSTX PA REQUIRED
63012	REMOVE LAMINA/FACETS LUMBAR	BCBSTX PA REQUIRED
63017	REMOVE SPINE LAMINA >2 LMBR	BCBSTX PA REQUIRED
63030	LOW BACK DISK SURGERY	BCBSTX PA REQUIRED
63035	SPINAL DISK SURGERY ADD-ON	BCBSTX PA REQUIRED *No prior authorization required if lumbar is not included
63042	LAMINOTOMY SINGLE LUMBAR	BCBSTX PA REQUIRED
63044	LAMINOTOMY ADDL LUMBAR	BCBSTX PA REQUIRED
63047	REMOVE SPINE LAMINA 1 LMBR	BCBSTX PA REQUIRED
63048	REMOVE SPINAL LAMINA ADD-ON	BCBSTX PA REQUIRED * No prior authorization required if lumbar is not included
63056	DECOMPRESS SPINAL CORD LMBR	BCBSTX PA REQUIRED
63057	DECOMPRESS SPINE CORD ADD-ON	BCBSTX PA REQUIRED * No prior authorization required if lumbar is not included
0163T	LUMB ARTIF DISKECTOMY ADDL	BCBSTX PA REQUIRED
0164T	REMOVE LUMB ARTIF DISC ADDL	BCBSTX PA REQUIRED
0165T	REVISE LUMB ARTIF DISC ADDL	BCBSTX PA REQUIRED



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GENETIC TESTING PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
0004M	SCOLIOSIS, DNA ANALYSIS	eviCore PA REQUIRED
0006M	ONC HEP GENE RISK CLASSIFIER	eviCore PA REQUIRED
0007M	ONC GASTRO 51 GENE NOMOGRAM	eviCore PA REQUIRED
81162	BRCA1 & 2 SEQ & FULL DUP/DEL	eviCore PA REQUIRED
81201	APC GENE FULL SEQUENCE	eviCore PA REQUIRED
81203	APC GENE DUP/DELET VARIANTS	eviCore PA REQUIRED
81211	BRCA1 & 2 SEQ & COM DUP/DEL	NO PA AS OF 8/31/2019
81212	BRCA1 & 2 185 & 5385&6174 VAR	Correction 7/12/19 - eviCore PA REQUIRED
81213	BRCA1 & 2 UNCOM DUP/DEL VAR	NO PA AS OF 8/31/2019
81214	BRCA1 FULL SEQ & COM DUP/DEL	NO PA AS OF 8/31/2019
81215	BRCA1 GENE KNOWN FAM VARIANT	eviCore PA REQUIRED
81216	BRCA2 GENE FULL SEQUENCE	eviCore PA REQUIRED
81217	BRCA2 GENE KNOWN FAM VARIANT	eviCore PA REQUIRED
81222	CFTR GENE DUP/DELET VARIANTS	eviCore PA REQUIRED
81223	CFTR GENE FULL SEQUENCE	eviCore PA REQUIRED
81225	CYP2C19 GENE COM VARIANTS	eviCore PA REQUIRED
81226	CYP2D6 GENE COM VARIANTS	eviCore PA REQUIRED
81227	CYP2C9 GENE COM VARIANTS	eviCore PA REQUIRED
81228	CYTOGEN MICRARRAY COPY NMBR	eviCore PA REQUIRED
81229	CYTOGEN M ARRAY COPY NO & SNP	eviCore PA REQUIRED
81291	MTHFR GENE	eviCore PA REQUIRED
81292	MLH1 GENE FULL SEQ	eviCore PA REQUIRED
81294	MLH1 GENE DUP/DELETE VARIANT	eviCore PA REQUIRED
81295	MSH2 GENE FULL SEQ	eviCore PA REQUIRED
81297	MSH2 GENE DUP/DELETE VARIANT	eviCore PA REQUIRED
81298	MSH6 GENE FULL SEQ	eviCore PA REQUIRED
81300	MSH6 GENE DUP/DELETE VARIANT	eviCore PA REQUIRED
81313	PCA3/KLK3 ANTIGEN	eviCore PA REQUIRED
81317	PMS2 GENE FULL SEQ ANALYSIS	eviCore PA REQUIRED
81319	PMS2 GENE DUP/DELET VARIANTS	eviCore PA REQUIRED
81321	PTEN GENE FULL SEQUENCE	eviCore PA REQUIRED
81323	PTEN GENE DUP/DELET VARIANT	eviCore PA REQUIRED

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PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
81325	PMP22 GENE FULL SEQUENCE	eviCore PA REQUIRED
81327	SEPT9 METHYLATION ANALYSIS	eviCore PA REQUIRED
81355	VKORC1 GENE	eviCore PA REQUIRED
81400	MOPATH PROCEDURE LEVEL 1	eviCore PA REQUIRED
81401	MOPATH PROCEDURE LEVEL 2	eviCore PA REQUIRED
81402	MOPATH PROCEDURE LEVEL 3	eviCore PA REQUIRED
81403	MOPATH PROCEDURE LEVEL 4	eviCore PA REQUIRED
81404	MOPATH PROCEDURE LEVEL 5	eviCore PA REQUIRED
81405	MOPATH PROCEDURE LEVEL 6	eviCore PA REQUIRED
81406	MOPATH PROCEDURE LEVEL 7	eviCore PA REQUIRED
81407	MOPATH PROCEDURE LEVEL 8	eviCore PA REQUIRED
81408	MOPATH PROCEDURE LEVEL 9	eviCore PA REQUIRED
81410	AORTIC DYSFUNCTION/DILATION	eviCore PA REQUIRED
81411	AORTIC DYSFUNCTION/DILATION	eviCore PA REQUIRED
81412	ASHKENAZI JEWISH ASSOC DIS	eviCore PA REQUIRED
81413	CAR ION CHNNLPATH INC 10 GNS	eviCore PA REQUIRED
81414	CAR ION CHNNLPATH INC 2 GNS	eviCore PA REQUIRED
81415	EXOME SEQUENCE ANALYSIS	eviCore PA REQUIRED
81416	EXOME SEQUENCE ANALYSIS	eviCore PA REQUIRED
81417	EXOME RE-EVALUATION	eviCore PA REQUIRED
81422	FETAL CHRMOML MICRODELTA	eviCore PA REQUIRED
81425	GENOME SEQUENCE ANALYSIS	eviCore PA REQUIRED
81426	GENOME SEQUENCE ANALYSIS	eviCore PA REQUIRED
81427	GENOME RE-EVALUATION	eviCore PA REQUIRED
81430	HEARING LOSS SEQUENCE ANALYS	eviCore PA REQUIRED
81431	HEARING LOSS DUP/DEL ANALYS	eviCore PA REQUIRED
81432	HRDTRY BRST CA-RLATD DSORDRS	eviCore PA REQUIRED
81433	HRDTRY BRST CA-RLATD DSORDRS	eviCore PA REQUIRED
81434	HEREDITARY RETINAL DISORDERS	eviCore PA REQUIRED
81435	HEREDITARY COLON CA DSORDRS	eviCore PA REQUIRED
81436	HEREDITARY COLON CA DSORDRS	eviCore PA REQUIRED
81437	HEREDTRY NURONDCRN TUM DSRDR	eviCore PA REQUIRED

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GENETIC TESTING PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
81438	HEREDTRY NURONDCRN TUM DSRDR	eviCore PA REQUIRED
81439	HRDTRY CARDMPY GENE PANEL	eviCore PA REQUIRED
81440	MITOCHONDRIAL GENE	eviCore PA REQUIRED
81442	NOONAN SPECTRUM DISORDERS	eviCore PA REQUIRED
81445	TARGETED GENOMIC SEQ ANALYS	eviCore PA REQUIRED
81450	TARGETED GENOMIC SEQ ANALYS	eviCore PA REQUIRED
81455	TARGETED GENOMIC SEQ ANALYS	eviCore PA REQUIRED
81460	WHOLE MITOCHONDRIAL GENOME	eviCore PA REQUIRED
81465	WHOLE MITOCHONDRIAL GENOME	eviCore PA REQUIRED
81470	X-LINKED INTELLECTUAL DBLT	eviCore PA REQUIRED
81471	X-LINKED INTELLECTUAL DBLT	eviCore PA REQUIRED
81479	UNLISTED MOLECULAR PATHOLOGY	eviCore PA REQUIRED
81490	AUTOIMMUNE RHEUMATOID ARTHR	eviCore PA REQUIRED
81493	COR ARTERY DISEASE MRNA	eviCore PA REQUIRED
81504	ONCOLOGY TISSUE OF ORIGIN	eviCore PA REQUIRED
81519	ONCOLOGY BREAST MRNA	eviCore PA REQUIRED
81525	ONCOLOGY COLON MRNA	eviCore PA REQUIRED
81535	ONCOLOGY GYNECOLOGIC	eviCore PA REQUIRED
81536	ONCOLOGY GYNECOLOGIC	eviCore PA REQUIRED
81538	ONCOLOGY LUNG	eviCore PA REQUIRED
81539	ONCOLOGY PROSTATE PROB SCORE	eviCore PA REQUIRED
81540	ONCOLOGY TUM UNKNOWN ORIGIN	eviCore PA REQUIRED
81545	ONCOLOGY THYROID	eviCore PA REQUIRED
81595	CARDIOLOGY HRT TRNSPL MRNA	eviCore PA REQUIRED
81599	UNLISTED MAAA	eviCore PA REQUIRED
84999	CLINICAL CHEMISTRY TEST	eviCore PA REQUIRED
G9143	WAFARIN RESPON GENETIC TEST	eviCore PA REQUIRED
S3800	GENETIC TESTING ALS	eviCore PA REQUIRED



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GENETIC TESTING PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
S3840	DNA ANALYSIS RET-ONCOGENE	eviCore PA REQUIRED
S3841	GENE TEST RETINOBLASTOMA	eviCore PA REQUIRED
S3842	GENE TEST HIPPEL-LINDAU	eviCore PA REQUIRED
S3845	GENE TEST ALPHA-THALASSEMIA	eviCore PA REQUIRED
S3846	GENE TEST BETA-THALASSEMIA	eviCore PA REQUIRED
S3852	DNA ANALYSIS APOE ALZHEIMER	eviCore PA REQUIRED
S3854	GENE PROFILE PANEL BREAST	eviCore PA REQUIRED
S3861	GENETIC TEST BRUGADA	eviCore PA REQUIRED
S3865	COMP GENET TEST HYP CARDIOMY	eviCore PA REQUIRED
S3866	SPEC GENE TEST HYP CARDIOMY	eviCore PA REQUIRED
S3870	CGH TEST DEVELOPMENTAL DELAY	eviCore PA REQUIRED

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Additional Prior Authorization Procedure Codes Lists for:**

SLEEP STUDIES/SLEEP APNEA PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
21193	RECONST LWR JAW W/O GRAFT	BCBSTX PA REQUIRED
21194	RECONST LWR JAW W/GRAFT	BCBSTX PA REQUIRED
21195	RECONST LWR JAW W/O FIXATION	BCBSTX PA REQUIRED
21196	RECONST LWR JAW W/FIXATION	BCBSTX PA REQUIRED
21198	RECONSTR LWR JAW SEGMENT	BCBSTX PA REQUIRED
21199	RECONSTR LWR JAW W/ADVANCE	BCBSTX PA REQUIRED
21206	RECONSTRUCT UPPER JAW BONE	BCBSTX PA REQUIRED
21685	HYOID MYOTOMY & SUSPENSION	BCBSTX PA REQUIRED
42145	REPAIR PALATE PHARYNX/UVULA	BCBSTX PA REQUIRED
95805	MULTIPLE SLEEP LATENCY TEST	NO PA AS OF 8/31/2019
95807	SLEEP STUDY ATTENDED	BCBSTX PA REQUIRED
95808	POLYSOM ANY AGE 1-3> PARAM	BCBSTX PA REQUIRED
95810	POLYSOM 6/> YRS 4/> PARAM	BCBSTX PA REQUIRED
95811	POLYSOM 6/>YRS CPAP 4/> PARM	BCBSTX PA REQUIRED



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Additional Prior Authorization Procedure Codes Lists for:**

SPECIALITY DRUG PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
C9466	BENRALIZUMAB	BCBSTX PA REQUIRED
C9493	EDARAVONE	BCBSTX PA REQUIRED
J0129	ABATACEPT	BCBSTX PA REQUIRED
J0180	AGALSIDASE BETA	BCBSTX PA REQUIRED
J0221	ALGLUCOSIDASE ALFA	BCBSTX PA REQUIRED
J0256	ALPHA 1-PROTEINASE INHIBITOR	BCBSTX PA REQUIRED
J0257	ALPHA 1-PROTEINASE INHIBITOR	BCBSTX PA REQUIRED
J0490	BELIMUMAB	BCBSTX PA REQUIRED
J0598	C-1 ESTERASE INHIBITOR	BCBSTX PA REQUIRED
J0717	CERTOLIZUMAB	BCBSTX PA REQUIRED
J0850	CYTOMEGALOVIRUS IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J0897	DENOSUMAB	BCBSTX PA REQUIRED
J1290	ECALLANTIDE	BCBSTX PA REQUIRED
J1300	ECULIZUMAB	BCBSTX PA REQUIRED
J1322	ELOSULFASE ALFA	BCBSTX PA REQUIRED
J1458	GALSULFASE	BCBSTX PA REQUIRED
J1459	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1555	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1556	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1557	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1559	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1561	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1566	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1568	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1569	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1572	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1575	IMMUNE GLOBULIN	BCBSTX PA REQUIRED
J1602	GOLIMUMAB	BCBSTX PA REQUIRED
J1743	IDURSULFASE	BCBSTX PA REQUIRED
J1745	INFLIXIMAB	BCBSTX PA REQUIRED
J1786	IMIGLUCERASE	BCBSTX PA REQUIRED
J1931	LARONIDASE	BCBSTX PA REQUIRED
J2182	MEPOLIZUMAB	BCBSTX PA REQUIRED

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SPECIALITY DRUG PROCEDURE LIST

PROCEDURE CODE	DESCRIPTION	PRIOR AUTHORIZATION REVIEW (PA) STATUS
J2323	NATALIZUMAB	BCBSTX PA REQUIRED
J2350	OCRELIZUMAB	BCBSTX PA REQUIRED
J2357	OMALIZUMAB	BCBSTX PA REQUIRED
J2507	PEGLOTICASE	BCBSTX PA REQUIRED
J2786	RESLIZUMAB	BCBSTX PA REQUIRED
J2840	SEBELIPASE ALFA	BCBSTX PA REQUIRED
J3262	TOCILIZUMAB	BCBSTX PA REQUIRED
J3358	USTEKINUMAB	BCBSTX PA REQUIRED
J3380	VEDOLIZUMAB	BCBSTX PA REQUIRED
J3385	VELAGLUCERASE ALFA	BCBSTX PA REQUIRED
Q5103	INFLIXIMAB, BIOSIMILAR	BCBSTX PA REQUIRED
Q5104	INFLIXIMAB, BIOSIMILAR	BCBSTX PA REQUIRED
J9228	IPILIMUMAB	BCBSTX PA REQUIRED
J9310	RITUXIMAB	BCBSTX PA REQUIRED
J9035	BEVACIZUMAB	BCBSTX PA REQUIRED
J9299	NIVOLUMAB	BCBSTX PA REQUIRED
J9355	TRASTUZUMAB	BCBSTX PA REQUIRED

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit prior authorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSTX's website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or predetermined for benefits 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. If you have questions, contact the number on the member's ID card.

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