



Blue KC Commercial Prior Authorization and Notification List

Effective April 19, 2021

Please check back on April 19, 2021 to ensure you have the most up-to-date copy of this list.

Member IDs that begin with prefix **RKC, RKQ, RRK, or RRN** are for our Medicare Advantage Network. To access this information for a Medicare Advantage member please go to the Medicare Advantage [Prior Authorizations Forms](#) and navigate to the Submit Requests by Fax or Email section.

Effective 2/1/2020, Blue KC discontinued accepting pre-determination requests. However, providers may continue submitting pre-determination requests for Federal Employee Program (FEP) and Joint Administrative Account (JAA) lines of business. You can access the e-forms for these pre-determination requests [here](#).

The following services require Prior Authorization (or notification):

- All scheduled elective surgical admissions
- All medical admissions
 - Acute Inpatient (hospital) admissions
 - Acute Rehab facilities
 - Inpatient Hospice
 - Long-term care facilities (LTAC & SNF)
- All Clinical Trials
- All Out of Network services for HMO members
- All Organ and Tissue Transplants (excluding corneal transplants)
- Chiropractic services performed by an out-of-network provider
- Exceeding OT/PT/ST Benefit Limits for Developmental and Physical Disorders

Additionally, the following services require Prior Authorization regardless of place of service or level of care:

Service Category	Description	Codes
Allografts & Bone Substitutes	Osteochondral Allografts & Autologous Chondrocyte Implantation	27412, 27415, 27416, 28446, 29866, 29867
	Bone Substitutes & Related Items	C9359



Bariatric Surgery	Bariatric Procedures	43644, 43770, 43771, 43772, 43773, 43774, 43775, 43843, 43845, 43846
Blepharoplasty & Ptosis Repair	Blepharoplasty	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Breast Surgery	Augmentation Mammoplasty	19324, 19325
	Mastectomy for Gynecomastia	19300
	Reduction Mammoplasty	19318
	Other Mastectomies and Related Procedures	19303, 19307, 19340, 19357, 19361, 19364, 19367, 19368, 19369
Bone Growth Stimulators	Bone Growth Stimulators	20974, 20975, 20979, E0747, E0748, E0749, E0760
Cancer Care	Intensity Modulated Radiation Therapy (IMRT)	77301, 77338, 77385, 77386, G6015, G6016
	Optune	E0766, A4555
	Radiopharmaceutical	C9031, A9513
	Stereotactic Radiosurgery	61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, G0339, G0340, 77261, 77262, 77263, 77293, 77295, 77300, 77321, 77331, 77332, 77334, 77336, 77370, 77432
Cardiac Devices	Ventricular Assist Device	0048T, 0049T, 0050T, 33975, 33976
	External Defibrillator	K0606
	Implantable Cardioverter Defibrillator (ICD)	C1721, C1722, C1882
Cardiac Procedures	Cardiac Septal Defect; Atrial Transcatheter Closure	93580
	Electrophysiologic Study and Implantable Cardioverter Defibrillator Insertion	0571T, 33216, 33217, 33225, 33249, 33270, 93619, 93620, 93621, 93622, 93624, 93640, 93641, 93642



Cholecystectomies	Cholecystectomy (Laparoscopic)	47562, 47563
Durable Medical Equipment (DME)	Myo-Electric Protheses	L5856, L5857, L5858, L5859, L5961, L6026, L6715, L6880, L6882, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7190, L7191, L7259, L7700, L8701, 97763
	Cochlear Devices	69930, L8614, L8615, L8616, L8617, L8619, S2235
	Cranial Remodeling Orthosis	S1040
	Sleep Apnea Devices	E0486
	Infusion Pumps Implantable	E0782, E0783, E0785, E0786
	Insulin Pump, External Ambulatory	A9274, E0784
	Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599
Wheelchairs (and accessories)	E0983, E0984, E0998, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1011, E1017, E1018, E1035, E1036, E1161, E1220, E1226, E1227, E1229, E1230, E1231, E1232, E1233, E1234, E1239, E1296, E1298, E1399, E2300, E2301, E2311, E2312, E2313, E2323, E2325, E2326, E2331, E2361, E2375, E2377, E2620, E2624, K0005, K0010, K0011, K0012, K0013, K0038, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854,	



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Facet Joint Procedures	Facet Joint Denervation / Facet Neurotomy	64625, 64633, 64634, 64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Hysterectomies	Total Laparoscopic Hysterectomy	58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58571, 58572, 58573, 58575
	Vaginal Hysterectomy	58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58293, 58294
Miscellaneous	Gender Dysphoria Surgery	55970, 55980
	Panniculectomy	15830
	Scleral Lens	S0515, V2627, V2531
	Skin & Skin Substitutes	Q4101, Q4102, Q4105, Q4106, Q4107, Q4116, Q4128, Q4132, Q4133, Q4145, Q4148
Molecular & Genetic Testing <i>This change took place 1/1/2020 upon employer group renewals. Please verify member's employer group renewal date with Customer Service. To use Avalon's Prior Authorization system, you require a user account to Avalon's Provider Portal. To request a new user account, email your lab's name, username(s), email address, office phone number, supervisor's name, and email address to Avalon-PAS-Help@avalonhcs.com. For</i>	Molecular & Genetic Testing	81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81187, 81188, 81189, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244,



questions or general assistance call 844-227-5769, or fax requests to 813-751-3760.

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Neurostimulators	Deep Brain Stimulators	61863, 61864, 61867, 61868, 61885, 61886, 61880, 61888, 95961, 95962, 95970, 95983, 95984
	Spinal Cord Stimulators	20974, 20975, E0748, E0749, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688
	Peripheral Nerve Stimulators	61885, 61886, 61888, 64553, 64555, 64561, 64568, 64569, 64570, 64575, 64581, 64585, 64590, 64595, 95970, 95971, 95972, 95976, 95977, 0466T, 0467T, 0468T, A4290, A4555, C1767, C1778, C1787, C1816, C1820, C1822, C1823, C1883, C1897, E0720, E0730, E0745, L8679, L8680, L8681, L8683,



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Orthognathic Procedures	Orthognathic Surgery	21050, 21060, 21070, 22120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21207, 21208, 21209, 21210, 21215, 21240, 21241, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 29804, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7959, D7995, D7996
Orthopedic Procedures	Hip (Arthroscopy & Arthroplasty)	27125, 27130, 27132, 27134, 27137, 27138, 29861, 29862, 29863, 29914, 29915, 29916
	Knee (Arthroscopy & Arthroplasty)	27445, 27446, 27447, 27486, 27487, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
	Shoulder Arthroscopy, Acromioplasty & Rotator Cuff Repair	23130, 23410, 23412, 23415, 23420, 29826, 29827
Radiology Services	Hi Tech Radiology Services & Cardiac Imaging (MRI, MRA, Nuclear Medicine, CT, CTA, Echocardiogram, Stress Echocardiogram, PET Scans)	0042T, 0439T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551,



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		C8929, C8930, C9762, C9763, G0235, G0252, G0297, S8035, S8037, S8042, S8092
ENT Procedures	Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
	Septoplasty	30520
	Uvulopalatopharyngoplasty	42145
Sleep Studies	Sleep Studies	95805, 95808, 95810, 95811
Spinal Procedures <i>Procedure level authorization does not apply to members in the following plan types: Missouri Health Insurance Pool or Employer/Labor Union Funded Health Plans (also known as ASO or JAA). All inpatient hospital admissions require prior authorization.</i>	Lumbar Fusion Surgery	22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22842, 22843, 22844, 22849, 22853, 22854, 22859, 22864, 22867, 22868, 22869, 22870, 62380
	Anterior Arthrodesis of the Spine	22548, 22551, 22552, 22554, 22585
	Cervical Discectomy, Microdiscectomy, Foraminotomy, Laminotomy	63020, 63035, 63040, 63043, 63045, 63048, 63075, 63076
	Cervical Disk Arthroplasty	22856, 22858, 22861, 22864, 0098T
	Intrathecal Pump Implantation	62350, 62351, 62360, 62361, 62362

To submit a prior authorization request you may also fax or mail your request. For the timeliest response, fax the request to 816-926-4253 using [this form](#).

Requests may also be mailed to:

Blue Cross and Blue Shield of Kansas City
Attention: Prior Authorization, Mail Stop B5A1
P.O. Box 411878
Kansas City, MO 64141-1878

Please include any supporting medical information in your fax. Please allow at least 36 hours (to include one business day) from the date of receipt of all necessary information for a determination. To check the status of a prior authorization, call the Customer Service number listed on the member ID card.