

Prior Authorization List for Blue Shield
Effective May 1, 2025
(This list is updated monthly)



| Policy Name/Program | Procedure Code (To search, press Ctrl + F) |
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| <p>To access our most up-to-date prior authorization list, please use AuthAccel - Blue Shield's online authorization system. You can check if a service requires authorization, submit a request, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.</p> | |
| Administrative-Medical - Air Ambulance | A0430 |
| Administrative-Medical - Bone Marrow Transplant | 38204, 38205, 38206, 38207, 38230, 38240, 38241, 38242, 86813, 86817 |
| Administrative-Medical - Clinical Trials | S9988, S9990, S9991, S9992, S9994, S9996 |
| Administrative-Medical - Continuous Home Hospice | T2043 |
| Administrative-Medical - Heart Lung Transplant | 33935 |
| Administrative-Medical - Heart Transplant | 33945 |
| Administrative-Medical - Home Hospice | Q5010, S9126, T2042 |
| Administrative-Medical - Home Infusion | S9379 |
| Administrative-Medical - Hospice Care (Assisted Living Facility) | Q5002 |
| Administrative-Medical - Hospice Care (Hospice Inpatient Facility) | Q5006 |
| Administrative-Medical - Hospice Care (Inpatient Hospital) | Q5005 |
| Administrative-Medical - Hospice Care (Inpatient Psych Facility) | Q5008 |
| Administrative-Medical - Hospice Care (Long-Term Care Facility) | Q5007 |
| Administrative-Medical - Hospice Care (Skilled Nursing Facility) | Q5004 |
| Administrative-Medical - Inpatient Injectable/Infusion | 96413, 96415, 96416, 96417, 96440, 96446, 96450, 96542, 96549 |
| Administrative-Medical - Intestine/Bowel Transplant | 44135, 44136 |
| Administrative-Medical - Liver Transplant | 47135 |
| Administrative-Medical - Lung Transplant | 32852, 32854 |
| Administrative-Medical - Nursing/Shift Care | S9123, S9124 |
| Administrative-Medical - Pancreas Transplant | 48554 |
| Administrative-Medical - Solid Organ Transplant | Q0508, S9975 |
| Administrative-Medical--Home Hospice | Q5001 |
| Administrative-Pharmacy | S9560 |

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| Administrative-Unlisted Pharmacy | J3490, J3590, J7699, J7799, J8499, J8999, J9999 |
| Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses | 97799 |
| Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry | 33285, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272 |
| Amniotic Membrane and Amniotic Fluid | Q4100 |
| Balloon Ostial Dilation for Treatment of Chronic and Recurrent Acute Rhinosinusitis | 31295, 31296, 31297, 31298 |
| Bariatric Surgery | 0813T, 43632, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888, 43999 |
| Behavioral Health ¹ | 00104, 0362T, 0373T, 0889T, 0890T, 0891T, 0892T, 90867, 90868, 90869, 90870, 90889, 96116, 96121, 96132, 96133, 96136, 96137, 96138, 96139, 96146, , 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, G0137, G0410, G0411, G2000, G8539, H0008, H0009, H0010, H0011, H0012, H0013, H0014, H0015, H0017, H0018, H0019, H0031, H0032, H0035, H2012, H2014, H2019, H2020, H2034, S0201, S5108, S5110, S5111, S9475, S9480 |
| Bioengineered Skin and Soft Tissue Substitutes | Q4100, Q4105, Q4114 |
| Blepharoplasty, Blepharoptosis Repair (Levator Resection) and Brow Lift (Repair of Brow Ptosis) | 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909 |
| Catheter Ablation as Treatment for Atrial Fibrillation | 93656 |
| Continuous Glucose Monitoring | 0446T, 0447T, 0448T, A4238, A4239, A9276, A9277, A9278, E2102, E2103, S1030, S1031 |
| Dental Anesthesia | 00170 |
| Elective Invasive Coronary Angiography (ICA) | 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461 |
| Elective Percutaneous Coronary Intervention (PCI) | 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, C1874, C9600, C9601, C9602, C9603, C9604, C9605, C9607, C9608 |
| Electronic Brachytherapy for Nonmelanoma Skin Cancer | 77373 |
| Evolent Pain/Spine (Does not apply to Medicare members) | 0095T, 0098T, 0164T, 0165T, 0200T, 0201T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0274T, 0275T, 22526, 22527, 22533, 22548, 22551, 22552, 22554, 22558, 22585, 22586, |

¹ Non-emergency mental health and substance use disorder services may require prior authorization. See your plan's Evidence of Coverage or Certificate of Insurance for more information.

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| | 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22857, 22858, 22860, 22861, 22862, 22864, 22865, 27096, 62263, 62264, 62287, 62320, 62321, 62322, 62323, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63047, 63050, 63051, 63052, 63053, 63056, 63057, 63075, 63076, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, G0260, M0076, S2348 |
| Evolut Radiology (Does not apply to Medicare members) | 0042T, 0698T, 0722T, 0724T, 0742T, 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, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 77011, 77012, 77013, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, S8037, S8092 |
| External Insulin Infusion Pump | E0784 |
| Gender Affirmation Surgery | 11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 11970, 11971, 15770, 15775, 15776, 15777, 15824, 15825, 15826, 15828, 15829, 15829, 15832, 15832, 15833, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 19300, 19301, 19303, 19318, 19325, 19340, 19342, 19357, 21087, 21088, 21089, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 21270, 21299, 30400, 30410, 30420, 30430, 30435, 30450, 31587, 31599, 31750, 53410, 53430, 54125, 54400, |

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| | 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55150, 55175, 55180, 55970, 55980, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 57426, 57530, 58150, 58180, 58260, 58262, 58263, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58555, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 92507, 92508, C1813, C2622 |
| Genetic Testing: Cardiac Disorders | 81406, 81479 |
| Genetic Testing: Exome and Genome Sequencing For The Diagnosis Of Genetic Disorders | 81415, 81416 |
| Genetic Testing: Hereditary Cancer Susceptibility | 81201, 81202, 81203, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81401, 81403 |
| High Intensity Laser Therapy for Chronic Musculoskeletal Pain Conditions and Bell's Palsy | 97799 |
| Hip Arthroplasty for Adults | 27130 |
| Hyperbaric Oxygen Therapy | 99183, G0277 |
| Hysterectomy Surgery for Benign Conditions | 51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58951, 58953, 58954, 58956, 59525 |
| Implantable Cardioverter Defibrillators | 33216, 33217, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 93287, C1721, C1722, C1777, C1882, C1895, C1896, G0448 |
| Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions | C1767, C1778 |
| Intensity-Modulated Radiotherapy of the Breast and Lung | 77385, 77386, G6015, G6016 |
| Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest | 77385, 77386, G6015, G6016 |
| Intensity-Modulated Radiotherapy: Central Nervous System Tumors | 77385, 77386, G6015, G6016 |
| Knee Arthroplasty for Adults | 27447 |
| Non-emergency Ground Ambulance | A0426, A0428 |

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| Orthognathic Surgery | 21085, 21110, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21230, 21247, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996 |
| Outpatient Pulmonary Rehabilitation | 97799 |
| Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain | 97799 |
| Physical Therapy | 97799 |
| Radiation Oncology | 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77295, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77385, 77386, 77402, 77407, 77412, 77427, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016 |
| Reconstructive Breast Surgery/Management of Breast Implants | 19328, 19330, 19340, 19342, 19370, 19371, C1789, L8030, L8039, L8600 |
| Reconstructive Services | 11950, 11951, 11952, 11954, 15770, 15775, 15776, 15777, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 19325, 19350, 19355, 19357, 19370, 21087, 21088, 21089, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 21270, 21299, 30400, 30410, 30420, 30430, 30435, 30450, 31587, 31599, 31750, 57335, 92507, 92508 |
| Reduction Mammoplasty for Breast-Related Symptoms | 19318 |
| Spinal Cord and Dorsal Root Ganglion Stimulation | C1767, C1778 |
| Stereotactic Radiosurgery and Stereotactic Body Radiotherapy | 77373 |
| Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome | 21685, 41512, 41530, 42145, 42299, C1767, C1778 |
| Synthetic Cartilage Implants for Joint Pain | L8699 |
| Total Artificial Hearts and Implantable Ventricular Assist Devices | 33927, 33928, 33929 |
| Treatment of Varicose Veins/Venous Insufficiency | 36465, 36466, 36468, 36470, 36471, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37765, 37766, S2202 |

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| Vagus Nerve Stimulation | C1767 |
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