

Potential Cosmetic/Investigational/ Non-Covered Procedures

Starting Sept. 1, 2019, all providers, including network providers, will need prior authorization for procedure codes that may be cosmetic or non-covered.

If you aren't sure whether a procedure will be denied as cosmetic, investigational, or non-covered, please submit a Predetermination/Authorization request by faxing the clinical information to **1-888-535-5243 (Medicare Advantage)** or **1-866-325-6698 (BlueCare Plus)**.

This list is not an inclusive list of all procedure codes, but it may be used as a reference for require prior authorization.

IPCD_ID	IPCD_DESC
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each add'l 20.0 sq. cm, or part thereof
11950	Subcutaneous injection of filler material 1 cc or less
11951	Subcutaneous injection of filling material; 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material; 5.1 to 10.0 cc-
11954	Subcutaneous injection of filling material; over 10.0 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face

IPCD_ID	IPCD_DESC
15786	Abrasion; single lesion
15787	Abrasion; each add'l 4 lesions or less
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin & neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin & subcutaneous tissue; thigh
15833	Excision, excessive skin & subcutaneous tissue; leg
15834	Excision, excessive skin & subcutaneous tissue; hip

IPCD_ID	IPCD_DESC
15835	Excision, excessive skin & subcutaneous tissue; buttock
15836	Excision, excessive skin & subcutaneous tissue; arm
15837	Excision, excessive skin & subcutaneous tissue; forearm or hand
15838	Excision, excessive skin & subcutaneous tissue; submental fat pad
15839	Excision, excessive skin & subcutaneous tissue; other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head & neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Insert breast prosthesis immediately following surgery
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19364	Breast reconstruction w free flap

IPCD_ID	IPCD_DESC
19366	Reconstruction of breast, other method
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19499	Unlisted procedure, breast
21462	Open treatment mandibular fracture; w interdental fixation
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
30400	Rhinoplasty, primary; lateral & alar cartilages &/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral & alar cartilages, &/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision
30435	Rhinoplasty, secondary; intermediate revision
30450	Rhinoplasty, secondary; major revision
33945	Heart transplant, with/without recipient cardiectomy
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring the treatment of a single, incompetent extremity vein
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36468	Injection of sclerosant for spider veins, limb or trunk

IPCD_ID	IPCD_DESC
36470	INJ sclerosing solution; single vein
36471	INJ sclerosing soln; multi-veins, same leg
36475	Endovenous ablation thx incompetent vein- 1st vein radiofreq tx'd
36476	Endovenous ablation thx incompetent vein; 2nd, subs veins
36478	Endoven ablation thx incomp vein ext, incl all imaging guidance monitoring, percut laser 1st vein
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37650	Ligation of femoral vein
37700	Ligation & divi long saphen vein femoral junct or distal interruptions

IPCD_ID	IPCD_DESC
37718	Ligation, division, & stripping, short saphenous vein
37722	Ligation div & stripping long saphen vein saphenofem junct-knee
37735	Ligation & stripping long/short saphenous vein, w exc deep fascia-
37760	Ligation of perforators veins, subfascial, radical, open
37761	ONCE PER DOSLigation of perforator veins, subfasc open incl US guidan
37765	Stab phlebectomy varicose veins, one ext; 10-20 stab incisions
37766	Stab phlebectomy of V Veins one extrem; more than 20 incisions
37780	Ligation & division of short saphen vein @ saphenopopliteal junct
37785	Ligation, division, and/or excision of varicose vein cluster(s)-1 leg
41820	Gingivectomy, excision gingiva, ea quadrant
41821	Operculectomy, excision pericoronal tissue
41822	Excision of fibrous tuberosities, dentoalveolar structures
41823	Excision osseous tuberosities, dentoalveolar structures
41825	Excision lesion or tumor dentoalveolar structures; wo repair
41826	Excision lesion or tumor dentoalveolar structures; w simple repair
41827	Excision lesion or tumor dentoalveolar structures; w complex repair
41828	Excision of hyperplastic alveolar mucosa, ea quadrant
41830	Alveolectomy, w curettage of osteitis or sequestrectomy
41850	Destruction of lesion dentoalveolar structures
41874	Alveoplasty, ea quadrant
43659	Unlisted laparoscopy procedure, stomach

IPCD_ID	IPCD_DESC
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)

IPCD_ID	IPCD_DESC
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
48554	Transplantation of pancreatic allograft
54660	Insertion of testicular prosthesis
55250	Vasectomy, unilateral or bilateral (separate proc), including postop semen examination(s)
55450	Deleted 1/1/2018 Ligation of vas deferens, unilateral or bilateral
55970	Intersex surgery; male to female Yes, Prior Auth Required
55980	Intersex surgery; female to male Yes, Prior Auth Required
57170	Diaphragm or cervical cap fitting w instructions
58301	Removal of intrauterine device (IUD)
58600	Ligation or transection of fallopian tube, abdominal or vaginal approach
58605	Ligation, transection fallopian tube, abdominal or vaginal approach postpartum
58611	Ligation or transection of fallopian tube when done at time of cesarean delivery or intra-abdominal surgery
58615	Occlusion of fallopian tube by device, vaginal or suprapubic approach
58700	Salpingectomy complete or partial unilateral or bilateral
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
59200	Insertion of cervical dilator
59840	Induced abortion, by dilation & curettage- RN Review
59841	Induced abortion, by dilation & evacuation- RN Review

IPCD_ID	IPCD_DESC
59850	Induced abortion, 1 or more intra-amniotic injections, incl hospital admission & visits, delivery of fetus & secundines
59851	Induced abortion, 1 or more intra-amniotic injections, incl hospital admission & visits, delivery of fetus & secundines; w dilation & curettage & or evac
59852	Induced abortion, 1 or more intra-amniotic injections, incl hospital admission & visits, delivery of fetus & secundines; w hysterotomy
59855	Induced abortion, 1 or more vaginal suppositories w/wo cervical dilation, incl hospital admission & visits, delivery of fetus & secundines
59856	Induced abortion, 1 or more vaginal suppositories w/wo cervical dilation, incl hospital admission & visits, delivery of fetus & secundines w D&C
59857	Induced abortion, 1 or more vaginal suppositories w/wo cervical dilation, incl hospital admission & visits, delivery of fetus & secundines; w hysterotomy
59866	Multifetal pregnancy reduction
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair blepharoptosis; frontalis muscle technique w suture or other material
67902	Repair blepharoptosis; frontalis muscle technique w autologous fascial sling
67903	Repair blepharoptosis; levator resection or advancement, internal approach
67904	Repair blepharoptosis; levator resection or advancement, external approach
67906	Repair blepharoptosis; superior rectus technique w fascial sling
67908	Repair blepharoptosis; conjunctivo-tarso-Muller's muscle levator resection
67909	Reduction of overcorrection of ptosis

IPCD_ID	IPCD_DESC
67911	Correction of lid retraction
69300	Otoplasty, protruding ear, w or wo size reduction



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