



An independent licensee of the Blue Cross Blue Shield Association

November 1, 2025

CLINICAL REVIEW PREAUTHORIZATION LIST

The following services require clinical review preauthorization for:

Commercial products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.

Please review the column that applies to the member's specific health benefit program regardless of place of service.

Code Changes Are Highlighted In Grey

IMPORTANT

This list represents those services that require preauthorization with a clinical medical necessity review.

It is NOT a list of all insurance plans and procedures requiring preauthorization.

There may be services which require preauthorization / notification that do not require clinical review.

Please verify specific coverage requirements before rendering service.

These services require preauthorization regardless of place of service.

To initiate preauthorization requests please follow the below service contact information:

Please Note: There are some codes that require PA by diagnosis. These additional diagnosis details are now included in the last column of this document.

Behavioral Health, Medical & Durable Medical Equipment:

For All Lines Of Business please go to CareAdvantage Provider by going to this URL,

<https://provider.excellusbcs.com/authorizations/medical/evicore-healthcare>

Phone Requests: 1-866-501-4659, Sunday through Saturday from 8:00 a.m. – 8:00 p.m.

Evicore

Phone Requests: Phone: 1-888-232-9020, Monday through Friday from 7:00 a.m. – 7:00 p.m.

Internet Requests: <https://provider.excellusbcs.com/authorizations/medical/evicore-healthcare>

Fax Requests: Fax: 1-888-785-2487. Forms to fax preauthorization requests will be made available at www.evicore.com

CareCentrix

Phone Requests: 1-866-501-4659, Sunday through Saturday from 8:00 a.m. – 8:00 p.m.

Internet Requests: <https://provider.excellusbcs.com/authorizations/medical/carecentrix>

Fax Requests: Fax: 1-888-785-2487. Forms to fax preauthorization requests will be made available at www.evicore.com

Services for Musculoskeletal (MSK) require prior authorization via Evicore for Fully Insured Commercial and Medicare Advantage Policies.

This service will exclude Self Funded Membership and Safety Net including Essential Plans. Please review each code to determine if authorization is required through Excellus BlueCross BlueShield for the Evicore exclusions

Is the code BH, DME, evicore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH/Medical	90262			Required	Not Required	Not Required	Required	Required	Required	Required	Required	
BH/Medical	90868			Required	Required	Not Required	Required	Required	Required	Required	Required	
BH/Medical	90869			Required	Required	Not Required	Required	Required	Required	Required	Required	
BH	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96129	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	H0004	0911		Not Required	Not Required	Notification Required	Not Required	Not Required	Not Required	Notification Required	Not Required	
BH	H0035	None		PLEASE READ IN FULL (If a service is rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	H0035	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	H0035	0912		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	H0036	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0036	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0212	None		Required	Required	Not Required	Required		Required	Required	Required	Required

Is the code BH, DME, evCore, or Medical?	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
				(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNV (PPO))	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH Continuing Day Treatment	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0911		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	H2014	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment (for HARP members only))
BH	H2014	0900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014HA	0240	8012	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUK	0900	8003	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUK	0911	8003	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUN	0240	8013	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUP	0240	8014	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUKU_N	0900	8004	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUKU_N	0911	8004	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUKU_P	0900	8005	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2014HAUKU_P	0911	8005	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2015HA	0900	8009	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2015HA	0911	8009	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2015HAUN	0900	8010	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.
BH	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.

