BlueCross BlueShield of New Mexico

New Mexico Medicaid Benefit Preauthorization Procedure Code List 7/1/26

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Green highlighted codes are managed by Carelon (Formally known as AIM)

Utilization Management Process

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CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
11920	CORRECT SKIN COLOR 6.0 CM/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11921	CORRECT SKN COLOR 6.1-20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019

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11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11952	TX CONTOUR DEFECTS 5.1-10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15004	WOUND PREP F/N/HF/G	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG A-0495	Scar Revision	Added prior to 9/1/2019
15005	WND PREP F/N/HF/G ADDL CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG A-0495	Scar Revision	Added prior to 9/1/2019
15220	SKN SPLT A-GRFT FAC/NCK/HF/G	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG PG-WS	Wound and Skin Management GRG	Added prior to 9/1/2019

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15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG PG-WS	Wound and Skin Management GRG	Added prior to 9/1/2019
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
15833	EXCISE EXCESSIVE SKIN LEG	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15835	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15837	EXCISE EXCESS SKIN ARM/HAND	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
15838	EXCISE EXCESS SKIN FAT PAD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024 SUR716.017	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Surgical Treatment of Gynecomastia	Added prior to 9/1/2019
15847	EXC SKIN ABD ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR701.024	Cosmetic and Reconstructive Procedures Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15876	SUCTION LIPECTOMY HEAD&NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
19300	MASTECTOMY GYNECOMASTIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.017	Surgical Treatment of Gynecomastia	Added prior to 9/1/2019
19303	MAST SIMPLE COMPLETE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR716.015	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Risk-Reducing (Prophylactic) Mastectomy	Added prior to 9/1/2019
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR716.010 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Mastopexy Reconstructive Breast Surgery	Added prior to 9/1/2019
19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001 SUR716.011 SUR716.012	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Reduction Mammaplasty	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19380	BREAST RECONSTRUCTION	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.021 SUR716.009 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
20983	ABLATE BONE TUMOR(S) PERQ	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	Added prior to 9/1/2019
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019

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30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added prior to 9/1/2019
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added prior to 9/1/2019
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added 1/1/2023
32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.	Cardiology	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR707.003	Implantable Cardioverter Defibrillators	Added prior to 9/1/2019
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.006	Heart/Lung Transplant	Added prior to 9/1/2019
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.005	Heart Transplant	Added prior to 9/1/2019
37799	VASCULAR SURGERY PROCEDURE	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Cardiology	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	THE801.024 SUR707.016	Adoptive Immunotherapy Varicose Vein Management	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38205	HARVEST ALLOGENEIC STEM CELL	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38208	THAW PRESERVED STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38210	T-CELL DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38211	TUMOR CELL DEPLETE OF HARVST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38213	PLATELET DEPLETE OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38214	VOLUME DEPLETE OF HARVEST	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38215	HARVEST STEM CELL CONCENTRTE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38230	BONE MARROW HARVEST ALLOGEN	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38232	BONE MARROW HARVEST AUTOLOG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
38241	TRANSPLT AUTOL HCT/DONOR	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050 SUR703.045	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
38242	TRANSPLT ALLO LYMPHOCYTES	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.037 SUR703.002 SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044 SUR703.050	Hematopoietic Cell Transplantation for Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a Treatm	Added prior to 9/1/2019
43999	STOMACH SURGERY PROCEDURE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
44132	ENTERECTOMY CADAVER DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47399	LIVER SURGERY PROCEDURE	History and physical, procedure report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR701.031 SUR703.009	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
48160	PANCREAS REMOVAL/TRANSPLANT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50360	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50380	REIMPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG S-1172	Urethroplasty	Added prior to 9/1/2019
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54406	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54408	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54410	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54415	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54416	REMV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54417	REMV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG SG-OBS	Obstetric and Gynecologic Surgery or Procedure GRG	Added prior to 9/1/2019
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.019 SUR703.003 SUR702.017 SUR712.024 SUR701.031 MED205.037 SUR710.019 SUR712.033 MED205.032 MED205.035 MED205.036 MED205.039 MED201.039	Botulinum Toxin Brain Tissue Transplantation and Neurotransplantation Facet Joint and Sacroiliac Joint Denervation Lysis of Epidural Adhesions Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Navigated Transcranial Magnetic Stimulat	Added prior to 9/1/2019
67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
70336	MAGNETIC IMAGE JAW JOINT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70450	CT HEAD/BRAIN W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70460	CT HEAD/BRAIN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70470	CT HEAD/BRAIN W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70471	CTA H&N C+ W/NONCONTRAST IMG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2026
70472	CT CERE PRFU ALYS C+W/CT/CTA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2026
70473	Computed tomographic (CT) cerebral perfusion analysis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2026
70480	CT ORBIT/EAR/FOSSA W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70481	CT ORBIT/EAR/FOSSA W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70486	CT MAXILLOFACIAL W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70487	CT MAXILLOFACIAL W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70488	CT MAXILLOFACIAL W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70490	CT SOFT TISSUE NECK W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
70491	CT SOFT TISSUE NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70492	CT SFT TSUE NCK W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70496	CT ANGIOGRAPHY HEAD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70498	CT ANGIOGRAPHY NECK	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70540	MRI ORBIT/FACE/NECK W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70542	MRI ORBIT/FACE/NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70543	MRI ORBT/FAC/NCK W/O &W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70544	MR ANGIOGRAPHY HEAD W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70545	MR ANGIOGRAPHY HEAD W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70547	MR ANGIOGRAPHY NECK W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70548	MR ANGIOGRAPHY NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70549	MR ANGIOGRAPH NECK W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70551	MRI BRAIN STEM W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70552	MRI BRAIN STEM W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70553	MRI BRAIN STEM W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70554	FMRI BRAIN BY TECH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70555	FMRI BRAIN BY PHYS/PSYCH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71250	CT THORAX W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71260	CT THORAX W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71270	CT THORAX W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71271	CT THORAX W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71275	CT ANGIOGRAPHY CHEST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71550	MRI CHEST W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71551	MRI CHEST W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
71552	MRI CHEST W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71555	MRI ANGIO CHEST W OR W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72125	CT NECK SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72126	CT NECK SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72127	CT NECK SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72128	CT CHEST SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72129	CT CHEST SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72130	CT CHEST SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72131	CT LUMBAR SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72132	CT LUMBAR SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72133	CT LUMBAR SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72141	MRI NECK SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72142	MRI NECK SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72146	MRI CHEST SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72147	MRI CHEST SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72148	MRI LUMBAR SPINE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72149	MRI LUMBAR SPINE W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72156	MRI NECK SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72157	MRI CHEST SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72158	MRI LUMBAR SPINE W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72159	MR ANGIO SPINE W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72191	CT ANGIOGRAPH PELV W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72192	CT PELVIS W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72193	CT PELVIS W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72194	CT PELVIS W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
72195	MRI PELVIS W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72196	MRI PELVIS W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72197	MRI PELVIS W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72198	MR ANGIO PELVIS W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73200	CT UPPER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73201	CT UPPER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73202	CT UPPR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73206	CT ANGIO UPR EXTRM W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73218	MRI UPPER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73219	MRI UPPER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73220	MRI UPPR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73221	MRI JOINT UPR EXTREM W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73222	MRI JOINT UPR EXTREM W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73223	MRI JOINT UPR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73225	MR ANGIO UPR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73700	CT LOWER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73701	CT LOWER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73702	CT LWR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73706	CT ANGIO LWR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73718	MRI LOWER EXTREMITY W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73719	MRI LOWER EXTREMITY W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73720	MRI LWR EXTREMITY W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73721	MRI JNT OF LWR EXTRE W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73722	MRI JOINT OF LWR EXTR W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73723	MRI JOINT LWR EXTR W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

Updated April 2026

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
73725	MR ANG LWR EXT W OR W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74150	CT ABDOMEN W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74160	CT ABDOMEN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74170	CT ABDOMEN W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74174	CT ANGIO ABD&PELV W/O&W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74175	CT ANGIO ABDOM W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74176	CT ABD & PELVIS W/O CONTRAST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74177	CT ABD & PELV W/CONTRAST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74178	CT ABD & PELV 1/> REGNS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74181	MRI ABDOMEN W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74182	MRI ABDOMEN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74183	MRI ABDOMEN W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74185	MRI ANGIO ABDOM W ORW/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74261	CT COLONOGRAPHY DX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74262	CT COLONOGRAPHY DX W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74263	CT COLONOGRAPHY SCREENING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74712	MRI FETAL SNGL/1ST GESTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74713	MRI FETAL EA ADDL GESTATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
75635	CT ANGIO ABDOMINAL ARTERIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76376	3D RENDER W/INTRP POSTPROCES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76377	3D RENDER W/INTRP POSTPROCES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76380	CAT SCAN FOLLOW-UP STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76390	MR SPECTROSCOPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76391	MR ELASTOGRAPHY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77046	MRI BREAST C- UNILATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
77047	MRI BREAST C- BILATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77048	MRI BREAST C-+ W/CAD UNI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77049	MRI BREAST C-+ W/CAD BI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77078	CT BONE DENSITY AXIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77084	MAGNETIC IMAGE BONE MARROW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77520	IO RAD TX DELIVER BY ELCTRNS	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77522	PROTON TRMT SIMPLE W/COMP	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77523	PROTON TRMT INTERMEDIATE	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
77525	PROTON TREATMENT COMPLEX	Submit history and physical, documentation of medical necessity	Radiation Therapy	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG Proton Beam Therapy (A-0389)	Proton Therapy	Added internal review 1/1/2024
78012	THYROID UPTAKE MEASUREMENT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78013	THYROID IMAGING W/BLOOD FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78014	THYROID IMAGING W/BLOOD FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78015	THYROID MET IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78016	THYROID MET IMAGING/STUDIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78018	THYROID MET IMAGING BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78020	THYROID MET UPTAKE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78070	PARATHYROID PLANAR IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78071	PARATHYRD PLANAR W/WO SUBTRJ	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78072	PARATHYRD PLANAR W/SPECT&CT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78075	ADRENAL CORTEX & MEDULLA IMG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78102	BONE MARROW IMAGING LTD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78103	BONE MARROW IMAGING MULT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78104	BONE MARROW IMAGING BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

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78185	SPLEEN IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78195	LYMPH SYSTEM IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78201	LIVER IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78202	LIVER IMAGING WITH FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78215	LIVER AND SPLEEN IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78216	LIVER & SPLEEN IMAGE/FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78226	HEPATOBILIARY SYSTEM IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78227	HEPATOBIL SYST IMAGE W/DRUG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78230	SALIVARY GLAND IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78231	SERIAL SALIVARY IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78232	SALIVARY GLAND FUNCTION EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78258	ESOPHAGEAL MOTILITY STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78261	GASTRIC MUCOSA IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78262	GASTROESOPHAGEAL REFLUX EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78264	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78265	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78266	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78278	ACUTE GI BLOOD LOSS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78290	MECKELS DIVERT EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78291	LEVEEN/SHUNT PATENCY EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78300	BONE IMAGING LIMITED AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78305	BONE IMAGING MULTIPLE AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78306	BONE IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78315	BONE IMAGING 3 PHASE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78445	VASCULAR FLOW IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

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78456	ACUTE VENOUS THROMBUS IMAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78457	VENOUS THROMBOSIS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78458	VEN THROMBOSIS IMAGES BILAT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78579	LUNG VENTILATION IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78580	LUNG PERFUSION IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78582	LUNG VENTILAT&PERFUS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78597	LUNG PERFUSION DIFFERENTIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78598	LUNG PERF&VENTILAT DIFERENTL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78600	BRAIN IMAGE < 4 VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78605	BRAIN IMAGE 4+ VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78608	BRAIN IMAGING (PET)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78609	BRAIN IMAGING (PET)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78610	BRAIN FLOW IMAGING ONLY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78630	CEREBROSPINAL FLUID SCAN	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78635	CSF VENTRICULOGRAPHY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78645	CSF SHUNT EVALUATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78650	CSF LEAKAGE IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78660	NUCLEAR EXAM OF TEAR FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78700	KIDNEY IMAGING MORPHOL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78701	KIDNEY IMAGING WITH FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78707	K FLOW/FUNCT IMAGE W/O DRUG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78708	K FLOW/FUNCT IMAGE W/DRUG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78709	K FLOW/FUNCT IMAGE MULTIPLE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

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78725	KIDNEY FUNCTION STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78730	URINARY BLADDER RETENTION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78740	URETERAL REFLUX STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78761	TESTICULAR IMAGING W/FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78800	TUMOR IMAGING LIMITED AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78801	TUMOR IMAGING MULT AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78802	TUMOR IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78803	TUMOR IMAGING (3D)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78804	TUMOR IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78811	PET IMAGE LTD AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78812	PET IMAGE SKULL-THIGH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78813	PET IMAGE FULL BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78814	PET IMAGE W/CT LMTD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78815	PET IMAGE W/CT SKULL-THIGH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78816	PET IMAGE W/CT FULL BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78830	RP LOCLZJ TUM SPECT W/CT 1	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78831	RP LOCLZJ TUM SPECT 2 AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78832	RP LOCLZJ TUM SPECT W/CT 2	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
99509	HOME VISIT DAY LIFE ACTIVITY	History and Physical, family history, clinical documentation supporting need, NFLOC.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
0633T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0634T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0635T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0636T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0637T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0638T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
0648T	QUAN MR ALYS TISS W/O MRI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0649T	QUAN MR ALYS TISS W/MRI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
A9602	Fluorodopa f-18 diag per mci	Carelon - https://providerportal.com/ or 1-800-859-5299	Advanced Imagaging	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
A9800	Gallium locametz 1 millicuri	Carelon - https://providerportal.com/ or 1-800-859-5299	Advanced Imagaging	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 7/1/2023
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4104	Additive for enteral formula (e.g., fiber)	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.011	Nutritional Support	Added prior to 9/1/2019
C8900	Magnetic resonance angiography with contrast, abdomen	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8901	Magnetic resonance angiography without contrast, abdomen	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8912	Magnetic resonance angiography with contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
C8913	Magnetic resonance angiography without contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8918	Magnetic resonance angiography with contrast, pelvis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8919	Magnetic resonance angiography without contrast, pelvis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8934	Magnetic resonance angiography with contrast, upper extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8935	Magnetic resonance angiography without contrast, upper extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C9399	Non-Oncology use - Immune Globulin (Human)-hipp, Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fylnetra, Rolvendon	History and physical or clinical notes, including anticipated length of use.	Medical Drug - not SRU	New Mexico Administrative Code BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Viltolarsen	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0184	Dry pressure mattress	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG A-0893	Home Ventilator (Invasive or Noninvasive Interface)	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG A-0893	Home Ventilator (Invasive or Noninvasive Interface)	Added prior to 9/1/2019
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added prior to 9/1/2019
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.030	Low Intensity Pulsed Ultrasound Fracture Healing Device	Added prior to 9/1/2019
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED201.033	Functional Neuromuscular Electrical Stimulation	Added prior to 9/1/2019
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added 1/1/2023
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs),	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs),	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs),	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs),	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1399	Durable medical equipment, miscellaneous	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 325.4 DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2301	Wheelchair accessory, power standing system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0219	Pet imaging whole body; melanoma for non-covered indications	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
G0235	Pet imaging, any site, not otherwise specified	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
G0252	Pet imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.325.9	Home Health Services	Added prior to 9/1/2019
G2082	Spravato (esketamine)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html			Added 7/1/2024
G2083	Spravato (esketamine)	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html			Added 7/1/2024
G9006	Coordinated care fee, home monitoring	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
G9012	Personal Care Consumer-Directed Advertisement Reimbursement Fee	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
J0174	Leqembi (lecanemab-irmb)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.152	Lecanemab-irmb	Added 7/1/24
J0175	Kisunla (donanemab-azbt)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html			Added 1/1/2025
J0224	Oxlumo (lumasiran)	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.133 RX501.096	Lumasiran ; Specialty Medication Administration Site of Care	Added 7/1/2024
J0517	Fasenra (benralizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.096	Specialty Medication Administration Site of Care	Added 7/1/2024
J0585	Botox (onabotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0586	Dysport (abobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
J0587	Myobloc (rimabotulinumtoxinB)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0588	Xeomin (incobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0741	Cabenuva (cabotegravir/rilpivirine)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.145	Long-Acting Injectable Antiretroviral Agents for Treatment of HIV	Added 7/1/2024
J0775	Xiaflex (collagenase, clostridium histolyticum)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Added prior to 9/1/2019
J0881	Non-Oncology use - Darbepoetin alfa - Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0885	Non-Oncology use - Epoetin Alfa - Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0888	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0896	Non-Oncology use - Reblozyl (luspatercept-aamt)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.087	FDA-Approved Drugs, Biologicals, Cellular and Gene Therapies	Added 7/1/2024
J1306	Leqvio (inclisiran)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.142	Inclisiran	Added 7/1/2024
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html		Beqvez	Added 7/1/2025
J1552	Injection, immune globulin (alyglo) 500mg	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html		Alyglo	Added 7/1/2025
J1746	Injection, ibalizumab-uiyk, 10 mg	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.099 RX501.096	Ibalizumab-uiyk Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1961	Sunlenca (lenacapavir)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.145	Long-Acting Injectable Antiretroviral Agents for Treatment of HIV	Added 7/1/2024
J2182	Nucala (mepolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
J2356	Tezspire (tezepelumab-ekko)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.143	Tezepelumab-ekko	Added 7/1/2024
J2357	Xolair (omalizumab),	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2507	Krystexxa (pegloticase)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2786	Cinqair (reslizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2802	Injection, romiplostim, 1 microgram	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html		Romiplostim	Added 7/1/2025
J3032	Vyepti (eptinezumab-jjmr)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.124	Eptinezumab-jjmr	Added 7/1/2024
J3111	Evenity (romosozumab-aqqg)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.096	Specialty Medication Administration Site of Care	Added 7/1/2024
J3392	Injection, exagamglogene autotemcel, per treatment	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html		Exagamglogene Autotem	Added 7/1/2025

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
J3490	Non-Oncology use - Immune Globulin (Human)-hipp,	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug - not SRU	New Mexico Administrative Code BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MED206.001 RX501.063 SUR716.001 RX501.067 RX501.105 RX501.136 RX501.087 RX501.040 RX501.099 RX504.003 OTH903.027 OTH903.020 RX501.080 SUR706.001 RX501.086 RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129	Allergy Management Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgnb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-ui	10/11/2021 Removed 7/1/24
J3590	Non-Oncology use Immune Globulin (Human)-hipp, Vegzelma, Elahere, Imjudo, Tecvayli, Stimufend, Fylnetra, Rolvendon	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug - not SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.073 RX501.063 RX501.067 RX501.136 RX501.087 RX501.099 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104 RX501.129	Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intraven	10/11/2021
J7183	Wilate (von willebrand factor complex)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.160	Wilate	Added 7/1/2024
K0002	Standard hemi (low seat) wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0108	Wheelchair component or accessory, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	MCG A-0566	Cardioverter-Defibrillator, Wearable	Added prior to 9/1/2019
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME103.001	Orthotics	Added prior to 9/1/2019
L2999	Lower extremity orthoses, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME103.001 DME103.008	Orthotics Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities	Added prior to 9/1/2019
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME103.001	Orthotics	Added prior to 9/1/2019
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5700	Replacement, socket, below knee, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5930	Addition, endoskeletal system, high activity knee control frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5980	All lower extremity prostheses, flex foot system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.012	Lower-Limb Prosthetics, Including Microprocessor-Controlled Prosthetics	Added prior to 9/1/2019
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8040	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8041	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8046	Partial facial prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L8047	Nasal septal prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.033 MED205.036 SUR710.018 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.033	Occipital Nerve Stimulation	Added prior to 9/1/2019
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Spinal Cord Stimulation (SCS) and Dorsa	Added prior to 9/1/2019
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stimulation Spinal Cord Stimulation (SCS) and Dorsa	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR714.003	Implantable Bone-Conduction and Bone-Anchored Hearing Aids	Added prior to 9/1/2019
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
Q4112	Cymetra, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4114	Integra flowable wound matrix, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4116	Alloderm, per square centimeter	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4160	Nushield, per square centimeter	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q5106	Non-Oncology use - Retacrit (epoetin alfa-epbx) Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	RX501.069	Erythropoiesis-Stimulating Agents (ESAs)	10/11/2021
S0013	Spravato (esketamine)	Recent history and physical, plan of care, and documentation of medical necessity.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html			Added 7/1/2024
S5100	Day care services, adult; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5110	Home care training, family; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5145	Treatment Foster Care (Cetennial Care) Group Home (Montanna HMK) Foster care, Therapeutic	For Service Request, please contact customer service representative	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5165	Home modifications; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S8037	Magnetic resonance cholangiopancreatography (mrcp)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalbenefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
T1002	Rn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T1003	Lpn/lvn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurs	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T2031	Assisted living; waiver, per diem	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T2038	Community transition, waiver; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
V5010	Assessment for hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5090	Dispensing fee, unspecified hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	History and physical, operative report.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5130	Binaural, in the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5140	Binaural, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
V5180	Hearing aid, cros, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5200	Dispensing fee, cros	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5220	Hearing aid, bicros, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5240	Dispensing fee, bicros	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5253	Hearing aid, digitally programmable, binaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5254	Hearing aid, digital, monaural, cic	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5257	Hearing aid, digital, monaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
V5259	Hearing aid, digital, binaural, itc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5260	Hearing aid, digital, binaural, ite	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5261	Hearing aid, digital, binaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5273	Assistive listening device, for use with cochlear implant	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
Behavioral Health							
T1005	Respite care services, up to 15 minutes	Requires PA beyond annual limit of 30 days or 720 hours, evidence of criteria needed to support BH LOC guidelines for this service	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019
H0017	Accredited Residential Treatment -ASAM 3.7	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0018	Accredited Residential Treatment -ASAM 3.5	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0011	Accredited Residential Treatment - Detoxification	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
S0201	Partial Hospitalization	Requires PA beyond 45 days of treatment, evidence of criteria to needed support BH LOC guidelines for this service	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019

CPT HCPC	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
97153	ABA Adaptive Behavioral Treatment by Protocol	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form to evidence criteria to support BH LOC guidelines for this service. https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019
0373T	ADAPT BHV TX EA 15 MIN	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form to evidence criteria to support BH LOC guidelines for this service. https://www.bcbsnm.com/pdf/forms/clinicalreviewformaba.pdf	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019