



**2023 Commercial Outpatient Benefit Prior Authorization Fully Insured
Medical Surgical Procedure Code List
Posted January 2023 to reference changes through July 2023**

This list is not exhaustive. Codes may be updated throughout the year. 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.

The following care categories require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health® (AIM)) for all Commercial members:

- Molecular Genetic Lab Testing
- Radiation Therapy / Radiation Oncology
- Advanced Imaging / Radiology
- Musculoskeletal - Pain
- Musculoskeletal - Joint, Spine Surgery

Utilizing the Carelon Medical Benefits Management (formerly known as AIM Specialty Health® (AIM)) Web Portal is the most efficient way to initiate a case, check status, review guidelines, view authorization/eligibility and more. Web portal available 24/7.

URL: <https://www.careloninsights.com/medical-benefits-management/specialty-care>

Or call toll-free at 1-866-745-1789 between 7 a.m. and 7 p.m.
Monday through Friday except holidays.

The following outpatient care categories may require prior authorization for Commercial-ASO members*:

- Molecular Genetic Lab Testing (Carelon)
- Radiation Therapy / Radiation Oncology (Carelon)
- Advanced Imaging / Radiology (Carelon)
- Musculoskeletal - Pain (Carelon)
- Musculoskeletal - Joint, Spine Surgery (Carelon)
- Sleep (AIM)

Select Outpatient Procedures (see code list below)

- Cardiology – Lipid Apheresis
- Ear, Nose and Throat
- Gastroenterology
- Neurology
- Outpatient Surgery (Breast, Deactivation of Headache Triggers, Jaw)
- Pain Management
- Sleep Studies
- Wound Care

ALL Services listed in Section 10.2 of the Provider Reference Manual, including ALL inpatient services

Note: Specialty Pharmacy & Behavioral Health PA codes are also provided for review/download on separate lists.

*Not all requirements apply to each product in these networks (Blue Preferred PPOSM, Blue OptionsSM, Blue Focus POSSM, Managed CareSM or TraditionalSM). It is imperative that providers check eligibility and benefits and verify preauthorization requirements through Availity®.

For prior authorization requests handled by BCBSNM, there are two ways to initiate your request.

Online	Registered Availity users may use Availity’s Authorizations tool (HIPAA-standard 278 transaction). For instructions, refer to the Availity Authorizations User Guide.
By Phone	Call the prior authorization number on the member’s ID card.

[For Medical Policy information, please access BCBSNM Medical Policy Website](#)

[For services that are handled by Carelon Medical Benefits Management \(formerly known as AIM Specialty Health® \(AIM\)\), Call 1-866-455-8415 or Access Website <https://www.careloninsights.com/medical-benefits-management/specialty-care>](#)

The following list of outpatient procedure codes may require prior authorization for commercial members. This list is not exhaustive. Codes may be updated throughout the year. 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.

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.