

New Mexico Medicaid Benefit Preauthorization Procedure Code List

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)

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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

11951	TX CONTOUR DEFECTS 1.1-5.0CC	' '	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		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
15002		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

	physical including functional impairment, and operative report.	and surgical services	MCG			9/1/2019
	impairment and operative report					
	impairment, and operative report.		BCBSNM Medical Policy			
			https://medicalpolicy.bcbsnm.com/			
			home.html			
WOUND PREP F/N/HF/G	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	MCG A-0495	Scar Revision	Added prior to
	physical including functional	and surgical services	MCG			9/1/2019
	impairment, and operative report.		BCBSNM Medical Policy			
			https://medicalpolicy.bcbsnm.com/			
			home.html			
WND PREP F/N/HF/G ADDL	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	MCG A-0495	Scar Revision	Added prior to
СМ	physical including functional	and surgical services	MCG			9/1/2019
	impairment, and operative report.		BCBSNM Medical Policy			
			https://medicalpolicy.bcbsnm.com/			
			home.html			
SKN SPLT A-GRFT	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	MCG PG-WS	Wound and Skin	Added prior to
FAC/NCK/HF/G	Physical including functional	and surgical services	MCG		Management GRG	9/1/2019
	impairment, and Operative report		BCBSNM Medical Policy			
			https://medicalpolicy.bcbsnm.com/			
			home.html			
HAIR TRNSPL 1-15 PUNCH	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
GRFTS	Physical including functional	and surgical services	MCG		Reconstructive	9/1/2019
	impairment, and Operative report		BCBSNM Medical Policy		Procedures	
			https://medicalpolicy.bcbsnm.com/			
			home.html			
	I	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
GRAFTS	Physical including functional	and surgical services	MCG		Reconstructive	9/1/2019
	impairment, and Operative report		BCBSNM Medical Policy		Procedures	
			https://medicalpolicy.bcbsnm.com/			
			home.html			
	Pre-operative evaluation, history and	Outpatient Medical		THE801.028	Acne Management	Added prior to
	physical including functional	and surgical services	MCG	SUR716.001	Cosmetic and	9/1/2019
	impairment, and operative report.		BCBSNM Medical Policy	SUR717.001	Reconstructive	
			https://medicalpolicy.bcbsnm.com/	THE801.030	Procedures	
			home.html		Gender Assignment	
					Surgery and Gender	
					Reassignment Surgery	ĺ
					with Related Services	
					Nonpharmacologic	
					Treatment of Rosacea	
	WND PREP F/N/HF/G ADDL CM SKN SPLT A-GRFT FAC/NCK/HF/G HAIR TRNSPL 1-15 PUNCH GRFTS HAIR TRNSPL >15 PUNCH GRAFTS DERMABRASION SUPRFL	physical including functional impairment, and operative report. WND PREP F/N/HF/G ADDL CM Pre-operative evaluation, history and physical including functional impairment, and operative report. SKN SPLT A-GRFT Pre Operative Evaluation, History and Physical including functional impairment, and Operative report HAIR TRNSPL 1-15 PUNCH Pre Operative Evaluation, History and Physical including functional impairment, and Operative report HAIR TRNSPL >15 PUNCH Pre Operative Evaluation, History and Physical including functional impairment, and Operative report DERMABRASION SUPRFL ANY SITE Pre-operative evaluation, history and physical including functional	physical including functional impairment, and operative report. WND PREP F/N/HF/G ADDL CM Pre-operative evaluation, history and physical including functional impairment, and operative report. SKN SPLT A-GRFT Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report. Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.	WOUND PREP F/N/HF/G Pre-operative evaluation, history and physical including functional impairment, and operative report. WND PREP F/N/HF/G ADDL CM Pre-operative evaluation, history and physical including functional impairment, and operative report. Pre-operative evaluation, history and physical including functional impairment, and operative report. 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Pre-operative evaluation, history and Impairment, and operative report. Pre-operative evaluation, history and Impairment, and operative report. Pre-operative evaluation, history and Impairment, and operative report.	WOUND PREP F/N/HF/G Pre-operative evaluation, history and physical including functional impairment, and operative report. WND PREP F/N/HF/G ADDL CM Pre-operative evaluation, history and physical including functional impairment, and operative report. WND PREP F/N/HF/G ADDL CM Pre-operative evaluation, history and physical including functional impairment, and operative report. SKN SPLT A-GRFT FAC/NCK/HF/G Pre Operative Evaluation, History and impairment, and Operative report Pre-operative Evaluation, History and physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre Operative Evaluation, History and Physical including functional impairment, and Operative report Pre-operative evaluation, History and physical including functional impairment, and Operative report Pre-operative evaluation, history and physical including functional impairment, and Operative report Pre-operative evaluation, history and physical including functional impairment, and operative report. 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ABRASION LESION SINGLE Pre-operative evaluation, history and physical including functional impairment, and operative report. ABRASION LESION SINGLE Pre-operative evaluation, history and physical including functional impairment, and operative report. Outpatient Medical MCG MCG SUR716.001 BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/home.html	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
impairment, and operative report. BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery	3/1/2013
https://medicalpolicy.bcbsnm.com/	Procedures Gender Assignment Surgery and Gender Reassignment Surgery	
	Gender Assignment Surgery and Gender Reassignment Surgery	
	Surgery and Gender Reassignment Surgery	
	Reassignment Surgery	
15787 ABRASION LESIONS ADD-ON Pre-operative evaluation, history and Outpatient Medical New Mexico Administrative Code THE801.028	Acne Management	Added prior to
physical including functional and surgical services MCG SUR716.001	Cosmetic and	9/1/2019
impairment, and operative report. BCBSNM Medical Policy SUR717.001	Reconstructive	
https://medicalpolicy.bcbsnm.com/	Procedures	
home.html	Gender Assignment	
	Surgery and Gender	
	Reassignment Surgery	
	with Related Services	
15788 CHEMICAL PEEL FACE Pre-operative evaluation, history and Outpatient Medical New Mexico Administrative Code THE801.028	Acne Management	Added prior to
EPIDERM physical including functional and surgical services MCG SUR716.018	Chemical Peels	9/1/2019
impairment, and operative report. BCBSNM Medical Policy SUR717.001	Gender Assignment	
https://medicalpolicy.bcbsnm.com/ THE801.030	Surgery and Gender	
home.html	Reassignment Surgery	
	with Related Services	
	Nonpharmacologic	
	Treatment of Rosacea	
15789 CHEMICAL PEEL FACE Pre-operative evaluation, history and Outpatient Medical New Mexico Administrative Code THE801.028	Acne Management	Added prior to
DERMAL physical including functional and surgical services MCG SUR716.018	Chemical Peels	9/1/2019
impairment, and operative report. BCBSNM Medical Policy SUR717.001	Gender Assignment	
https://medicalpolicy.bcbsnm.com/ THE801.030	Surgery and Gender	
home.html	Reassignment Surgery	
	with Related Services	
	Nonpharmacologic	
	Treatment of Rosacea	

15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	_	Added prior to 9/1/2019
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	_	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		Added prior to 9/1/2019
15820	REVISION OF LOWER 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	SUR716.004 SUR717.001		Added prior to 9/1/2019
15821	REVISION OF LOWER 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	1 ' ' '	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
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		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
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	Dro apprative evaluation history and	Outpationt Madical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and	Outpatient Medical				9/1/2019
		physical including functional	and surgical services	MCG	SUR717.001		9/1/2019
		impairment, and operative report.		BCBSNM Medical Policy	SUR701.024	Procedures	
				https://medicalpolicy.bcbsnm.com/		Gender Assignment	
				home.html		Surgery and Gender	
						Reassignment Surgery	
						with Related Services	
						Surgery for Lipedema	
						and Lymphedema	
15835	EXCISE EXCESSIVE SKIN	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
	виттск	physical including functional	and surgical services	MCG	SUR717.001	Reconstructive	9/1/2019
		impairment, and operative report.		BCBSNM Medical Policy	SUR701.024	Procedures	
				https://medicalpolicy.bcbsnm.com/		Gender Assignment	
				home.html		Surgery and Gender	
						Reassignment Surgery	
						with Related Services	
						Surgery for Lipedema	
						and Lymphedema	
15836	EXCISE EXCESSIVE SKINI VBW	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
13030	EXCISE EXCESSIVE SKIN AKIVI	physical including functional	and surgical services	MCG	SUR717.001		9/1/2019
		impairment, and operative report.	and surgical services		SUR701.024	Procedures	3/1/2013
		impairment, and operative report.		https://medicalpolicy.bcbsnm.com/		Gender Assignment	
				home.html		Surgery and Gender	
				nome.num		Reassignment Surgery	
						with Related Services	
						Surgery for Lipedema	
						and Lymphedema	
15837	EXCISE EXCESS SKIN	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	SUR716.001		Added prior to
	ARM/HAND	physical including functional	and surgical services	MCG	SUR717.001		9/1/2019
		impairment, and operative report.		BCBSNM Medical Policy	SUR701.024	Procedures	
				https://medicalpolicy.bcbsnm.com/		Gender Assignment	
							1
				home.html		Surgery and Gender	
				home.html		Surgery and Gender Reassignment Surgery	
				home.html			
				lhome.html		Reassignment Surgery	
				home.html		Reassignment Surgery with Related Services	

15838		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		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		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		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	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		Added prior to 9/1/2019

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		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
19304	MAST SUBQ	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.	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
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	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
19324	ENLARGE 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 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
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		SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19355	CORRECT INVERTED NIPPLE(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

19380	BREAST RECONSTRUCTION	' '	Outpatient Medical and surgical services		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	
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
20985	CPTR-ASST DIR MS PX	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	SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	Added prior to 9/1/2019
30400	RECONSTRUCTION OF NOSE	•	Outpatient Medical and surgical services		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
30420	RECONSTRUCTION OF NOSE	•	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 REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report. Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	SUR717.001 SUR706.001 SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019 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		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

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

38205	HARVEST ALLOGENEIC STEM	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
36203	CELL CELL	of transplant	Παπεριαπι	MCG	SUR703.002		9/1/2019
	CELL	If no transplant approval: history and		BCBSNM Medical Policy	SUR703.002 SUR703.043	Acute Myelogenous	9/1/2019
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Leukemia (AML)	
		date of transplant.		home.html	SUR703.047	Hematopoietic Cell	
		date of transplant.		nome.num	SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
		of transplant		MCG	CLIB702 002		- / - /
		OI transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.002 SUR703.043	Transplantation for Acute Myelogenous	9/1/2019
		•			SUR703.043		9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT)	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information)	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	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	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.029 SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	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	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	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	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR703.043 SUR703.047 SUR703.036 SUR703.038 SUR703.039 SUR703.029 SUR703.041 SUR703.034 SUR703.034 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019
		If no transplant approval: history and physical, transplant evaluation, and		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	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	Acute Myelogenous Leukemia (AML) Hematopoietic Cell Transplantation (HCT) or Additional Infusion Following Preparative Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	9/1/2019

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

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

38211	TUMOR CELL DEPLETE OF	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
50211	HARVST	of transplant		MCG	SUR703.002	·	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	57 -7 - 5 - 5
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Leukemia (AML)	
		date of transplant.		home.html	SUR703.036	Hematopoietic Cell	
		·			SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
		of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Leukemia (AML)	
		date of transplant.		home.html	SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042 SUR703.035	Transplantation as a	
					SUR703.035 SUR703.032	Treatm	
					SUR703.032 SUR703.031		
					SUR703.031 SUR703.030		
					SUR703.046		

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

38215	HARVEST STEM CELL	If transplant approval on record: Date Tran	nsnlant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
30213	CONCENTRTE	of transplant			SUR703.002		9/1/2019
	CONCENTRIE	If no transplant approval: history and			SUR703.043	Acute Myelogenous	3/1/2013
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
38230	BONE MARROW HARVEST	If transplant approval on record: Date Tran	nsplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	ALLOGEN	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/	SUR703.047	Leukemia (AML)	
		date of transplant.		home.html	SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
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					SUR703.045		

AUTOLOG of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant. MCG SUR703.002 SUR703.034 Acute Myelogenous Leukemia (AML) SUR703.036 Hematopoietic Cell SUR703.038 Transplantation (HCT) SUR703.039 or Additional Infusion SUR703.039 Following Preparative SUR703.034 SUR703.034 Donor and Recipient SUR703.034 Information) SUR703.035 SUR703.040 Hematopoietic Cell SUR703.036 SUR703.036 Following Preparative SUR703.037 SUR703.039 Following Preparative SUR703.039 SUR703.039 SUR703.039 Following Preparative SUR703.030 SUR703.030 SUR703.030 Following Preparative SUR703.030 SUR703.030 SUR703.030 SUR703.030 SUR703.030 SUR703.030 Transplantation as a SUR703.030 Transplantation as a SUR703.032 SUR703.032 SUR703.032			If transplant approval on record. Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
If no transplant approval: history and physical, transplant evaluation, and date of transplant. BCBSNM Medical Policy SUR703.043 SUR703.047 Leukemia (AML)				Πατισμιατίτ				•
physical, transplant evaluation, and date of transplant. https://medicalpolicy.bcbsnm.com/ SUR703.047 SUR703.036 Hematopoietic Cell SUR703.038 Transplantation (HCT) SUR703.039 or Additional Infusion SUR703.029 Following Preparative SUR703.034 Donor and Recipient SUR703.034 Information) SUR703.034 Donor and Recipient SUR703.030 Information) SUR703.040 Hematopoietic Cell SUR703.042 Transplantation as a SUR703.035 SUR703.032 Treatm	AO		•					9/1/2019
date of transplant. home.html SUR703.036 SUR703.038 Transplantation (HCT) SUR703.039 or Additional Infusion SUR703.029 SUR703.041 SUR703.034 SUR703.034 Donor and Recipient SUR703.030 SUR703.040 Transplantation as a SUR703.035 SUR703.032 Treatm							, ,	
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SUR703.029 Following Preparative SUR703.041 Regimens (General SUR703.034 Donor and Recipient SUR703.033 Information) SUR703.040 Hematopoietic Cell SUR703.042 Transplantation as a SUR703.035 Treatm SUR703.032								
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SUR703.030								
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SUR703.044						SUR703.044		
SUR703.050						SUR703.050		
SUR703.045						SUR703.045		
38240 TRANSPLT ALLO HCT/DONOR If transplant approval on record: Date Transplant New Mexico Administrative Code SUR703.037 Hematopoietic Cell Added prior to	38240 TRA	ANSPLT ALLO HCT/DONOR	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
of transplant MCG SUR703.002 Transplantation for 9/1/2019								
If no transplant approval: history and BCBSNM Medical Policy SUR703.043 Acute Myelogenous			•					
physical, transplant evaluation, and https://medicalpolicy.bcbsnm.com/ SUR703.047 Leukemia (AML)					· ·			
date of transplant. home.html SUR703.036 Hematopoietic Cell								
SUR703.038 Transplantation (HCT)			·			SUR703.038	Transplantation (HCT)	
SUR703.039 or Additional Infusion						SUR703.039	or Additional Infusion	
SUR703.029 Following Preparative						SUR703.029	Following Preparative	
SUR703.041 Regimens (General						SUR703.041	Regimens (General	
SUR703.034 Donor and Recipient						SUR703.034	Donor and Recipient	
SUR703.033 Information)						SUR703.033	Information)	
SUR703.040 Hematopoietic Cell						SUR703.040	Hematopoietic Cell	
SUR703.042 Transplantation as a						SUR703.042	Transplantation as a	
SUR703.035 Treatm						SUR703.035	Treatm	
SUR703.032								
SUR703.031								
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SUR703.046								
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						SUR703.050		
						SUR703.045		

38241	TRANSPLT AUTOL	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	HCT/DONOR	of transplant	piuric		SUR703.002		9/1/2019
	, 2 6.16.1.	If no transplant approval: history and			SUR703.043	Acute Myelogenous	3, 1, 2013
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
		·			SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
38242	TRANSPLT ALLO	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	LYMPHOCYTES	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/	SUR703.047	Leukemia (AML)	
		date of transplant.		home.html	SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
I					SUR703.044		
		•			SUR703.050		

43999	STOMACH SURGERY	If transplant approval on record: Date	Outpatient Medical	New Mexico Administrative Code	SUR716.003	Bariatric Surgery	Added prior to
	PROCEDURE	of Transplant	and surgical services	MCG			9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy			
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/			
		date of transplant.		home.html			
44132	ENTERECTOMY CADAVER	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.014	Isolated Small Bowel	Added prior to
	DONOR	of Transplant		MCG	SUR703.009	Transplant	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Small Bowel/Liver and	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Multivisceral	
		date of transplant.		home.html		Transplant	
44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.014	Isolated Small Bowel	Added prior to
		of Transplant		MCG	SUR703.009	Transplant	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Small Bowel/Liver and	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Multivisceral	
		date of transplant.		home.html		Transplant	
44135	INTESTINE TRANSPLNT	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.014	Isolated Small Bowel	Added prior to
	CADAVER	of Transplant		MCG	SUR703.009	Transplant	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Small Bowel/Liver and	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Multivisceral	
		date of transplant.		home.html		Transplant	
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.014	Isolated Small Bowel	Added prior to
		of Transplant		MCG	SUR703.009	Transplant	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Small Bowel/Liver and	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Multivisceral	
		date of transplant.		home.html		Transplant	
47135	TRANSPLANTATION OF LIVER	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.008	Liver Transplant and	Added prior to
		of Transplant		MCG	SUR703.009	Combined Liver-	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Kidney Transplant	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Small Bowel/Liver and	
		date of transplant.		home.html		Multivisceral	
						Transplant	
47399	LIVER SURGERY PROCEDURE	History and physical, procedure	Outpatient Medical	New Mexico Administrative Code	SUR701.031		Added prior to
		report.	and surgical services	MCG	SUR703.009	Image Guided Laser	9/1/2019
				BCBSNM Medical Policy		Interstitial Tumor	
				https://medicalpolicy.bcbsnm.com/		Therapy (LITT)	
				home.html		Small Bowel/Liver and	
						Multivisceral	
						Transplant	
47579	LAPAROSCOPE PROC BILIARY		Outpatient Medical		MCG SG-GS	General Surgery or	Added prior to
		care, and documentation of medical	and surgical services	MCG		Procedure GRG	9/1/2019
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			

F		If transplant approval on record: Date	i i alispialit	New Mexico Administrative Code	SUR703.013	Pancreas and Related	Added prior to
	REMOVAL/TRANSPLANT	of Transplant		MCG			9/1/2019
	•	If no Transplant approval: history and		BCBSNM Medical Policy		Transplantation	. ,
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/			
		date of transplant.		home.html			
48554 T	TRANSPL ALLOGRAFT	If transplant approval on record: Date	Transplant		SUR703.013	Pancreas and Related	Added prior to
F	PANCREAS	of Transplant		MCG		Organ Tissue	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Transplantation	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/			
		date of transplant.		home.html			
50360 T	TRANSPLANTATION OF	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.007	Kidney Transplant	Added prior to
K	KIDNEY	of Transplant		MCG	SUR703.008	Liver Transplant and	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy	SUR703.013	Combined Liver-	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Kidney Transplant	
		date of transplant.		home.html		Pancreas and Related	
						Organ Tissue	
						Transplantation	
		If transplant approval on record: Date	Transplant		SUR703.007	Kidney Transplant	Added prior to
K	KIDNEY	of Transplant			SUR703.008	Liver Transplant and	9/1/2019
		If no Transplant approval: history and		•	SUR703.013	Combined Liver-	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Kidney Transplant	
		date of transplant.		home.html		Pancreas and Related	
						Organ Tissue	
						Transplantation	
		If transplant approval on record: Date	Transplant		SUR703.008		Added prior to
, K	KIDNEY	of Transplant			SUR703.013	Combined Liver-	9/1/2019
		If no Transplant approval: history and		BCBSNM Medical Policy		Kidney Transplant	
		physical, transplant evaluation, and		https://medicalpolicy.bcbsnm.com/		Pancreas and Related	
		date of transplant.		home.html		Organ Tissue	
54304 R	REVISION OF PENIS	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	MCG S-1172	Transplantation Urethroplasty	Added prior to
543U4 R	KEVISION OF PENIS	, , , ,	•	MCG	WICG 5-11/2	Orecinopiasty	9/1/2019
		**	and surgical services	BCBSNM Medical Policy			9/1/2019
		operative report.		https://medicalpolicy.bcbsnm.com/			
54405 II	INSERT MULTI-COMP PENIS	Submit history and physical,	Outpatient Medical	home.html New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
			and surgical services		MED201.030	Surgery and Gender	9/1/2019
. [. 1.00	operative report.	and surgicul services	BCBSNM Medical Policy	11.20201.030	Reassignment Surgery	5, 1, 2015
		operative report.		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html		Sexual Dysfunctions,	
				nome.num		Assessment and	
						Treatment	
						Treatment	

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	_	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	_	Added prior to 9/1/2019
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	, and the second	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	•	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
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

55970	SEX TRANSFORMATION M	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	TO F	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
		operation operation		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
55980	SEX TRANSFORMATION F TO	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	M	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
56356	HYSTEROSCOPY SURG;	Recent history and physical, plan of	Outpatient Medical	New Mexico Administrative Code	MCG A-0286	Hysteroscopy, with or	Added prior to
	W/ENDOMETRIAL ABLATION	care, and documentation of medical	and surgical services	MCG		without Endometrial	9/1/2019
		necessity.		BCBSNM Medical Policy		Resection, Ablation, or	
				https://medicalpolicy.bcbsnm.com/		Myomectomy	
				home.html			
56625	COMPLETE REMOVAL OF	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	VULVA	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
56800	REPAIR OF VAGINA	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
56805	REPAIR CLITORIS	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
5740C	252400/53/4000434444		0	home.html	CUR747 004	0 1 1 1	
57106	REMOVE VAGINA WALL	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	PARTIAL	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
57107	REMOVE VAGINA TISSUE	Submit history and physical,	Outpatient Medical	home.html New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
3/10/	PART	documentation of medical necessity,	l '	MCG	204/17.001		9/1/2019
	rani	, .	and surgical services			Surgery and Gender	3/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/ home.html		with Related Services	
57110	REMOVE VAGINA WALL	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
3/110	COMPLETE	documentation of medical necessity,	and surgical services	MCG	30K/1/.001	Surgery and Gender	9/1/2019
	CONT. LETE	operative report.	and surgical services	BCBSNM Medical Policy		Reassignment Surgery	5, 1, 2015
		operative report.		https://medicalpolicy.bcbsnm.com/		with Related Services	
				I ' '' ' '		with related 3etvices	
	ļ	!	ļ.	home.html		!	

57111	REMOVE VAGINA TISSUE	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	COMPL	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
		· · ·		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
57291	CONSTRUCTION OF VAGINA	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
57292	CONSTRUCT VAGINA WITH	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	GRAFT	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
57295	REVISE VAG GRAFT VIA	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	VAGINA	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
57296	REVISE VAG GRAFT OPEN	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	ABD	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
57311	REPAIR URETHROVAGINAL	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	MCG SG-OBS	Obstetric and	Added prior to
	LESION	documentation of medical necessity,	and surgical services	MCG		Gynecologic Surgery	9/1/2019
		operative report.		BCBSNM Medical Policy		or Procedure GRG	
				https://medicalpolicy.bcbsnm.com/			
F722F	DEDAID MACINIA	C. barti bisha a sanda bartasi	O to all and Marking	home.html New Mexico Administrative Code	CLID747 004	Condendarion and	Added a death
57335	REPAIR VAGINA	Submit history and physical,	Outpatient Medical		SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG	MED201.030	Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html		Sexual Dysfunctions,	
						Assessment and	
						Treatment	
57426	REVISE PROSTH VAG GRAFT	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	LAP	documentation of medical necessity,	and surgical services	MCG	- 3 1.002	Surgery and Gender	9/1/2019
	[·	operative report.		BCBSNM Medical Policy		Reassignment Surgery	-, -, -, -, -,
		aparatic reports		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html		Neidled Services	
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E01E0	TOTAL LIVETEDECTORAY	Cultural biotem and abusinal	Outrotiont Madical	Nava Marriae Administrativa Cada	CUD717 001	Candan Assissant	۸ ما ما م ما نم ما د م
58150	TOTAL HYSTERECTOMY	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
58180	PARTIAL HYSTERECTOMY	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
58240	REMOVAL OF PELVIS CONTENTS	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-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
58260	VAGINAL HYSTERECTOMY	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
58262	VAG HYST INCLUDING T/O	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
58290	VAG HYST COMPLEX	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
58291	VAG HYST INCL T/O COMPLEX	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
58350	REOPEN FALLOPIAN TUBE	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	OB402.023	Services for Infertility and Recurrent Fetal Loss	Added prior to 9/1/2019
58541	LSH UTERUS 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

58542	LSH W/T/O UT 250 G OR	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	LESS	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
		operation operation		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
58543	LSH UTERUS ABOVE 250 G	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
58544	LSH W/T/O UTERUS ABOVE	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	250 G	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
58550	LAPARO-ASST VAG	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	HYSTERECTOMY	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
58553	LAPARO-VAG HYST COMPLEX	1 ' ' ' '	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
F0FF4	LABARO VACUNCTAVITIO	C. barti bista a canada barta d	O to all and Marking	home.html	CLID747 004	Caralan Arabanan at	Added a death
58554	LAPARO-VAG HYST W/T/O	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
	COMPL	documentation of medical necessity,	and surgical services	MCG		Surgery and Gender	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery	
				https://medicalpolicy.bcbsnm.com/		with Related Services	
58570	TLH UTERUS 250 G OR LESS	Submit history and physical,	Outpatient Medical	home.html New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
30370	TEN OTEROS 250 G ON EESS	documentation of medical necessity,	and surgical services	MCG	30K/17.001	Surgery and Gender	9/1/2019
		operative report.	and surgical services	BCBSNM Medical Policy		Reassignment Surgery	5, 1, 2015
		орегацие герогт.		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html		with related Services	
58571	TLH W/T/O 250 G OR LESS	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
333,1	2	documentation of medical necessity,	and surgical services	MCG	, 17.001	Surgery and Gender	9/1/2019
		operative report.	30.8.00.00.71003	BCBSNM Medical Policy		Reassignment Surgery	-, -,
				https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html			
				momentum			

58572	TLH UTERUS OVER 250 G	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
38372	TEH OTEROS OVER 250 G	1 ' ' ' '	l '	MCG	30K/17.001	ŭ	· ·
		documentation of medical necessity,	and surgical services			· ,	9/1/2019
		operative report.		BCBSNM Medical Policy		Reassignment Surgery with Related Services	
				https://medicalpolicy.bcbsnm.com/ home.html		with Related Services	
58573	TLH W/T/O UTERUS OVER	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	SUR717.001	Gender Assignment	Added prior to
30373	250 G	documentation of medical necessity,	and surgical services	MCG	3011,17.001	_	9/1/2019
	230 0	operative report.	and surgicul services	BCBSNM Medical Policy		Reassignment Surgery	3/1/2013
		орегинуе тероги.		https://medicalpolicy.bcbsnm.com/		with Related Services	
				home.html		With Related Services	
58672	LAPAROSCOPY	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	MCG S-450	Laparotomy for	Added prior to
	FIMBRIOPLASTY	documentation of medical necessity,	and surgical services	MCG		Gynecologic Surgery,	9/1/2019
		operative report.		BCBSNM Medical Policy		Including	
				https://medicalpolicy.bcbsnm.com/		Myomectomy,	
				home.html		Oophorectomy, and	
						Salpingectomy	
58760	FIMBRIOPLASTY	Submit history and physical,	Outpatient Medical	New Mexico Administrative Code	MCG S-450	Laparotomy for	Added prior to
		documentation of medical necessity,	and surgical services	MCG		Gynecologic Surgery,	9/1/2019
		operative report.		BCBSNM Medical Policy		Including	
				https://medicalpolicy.bcbsnm.com/		Myomectomy,	
				home.html		Oophorectomy, and	
						Salpingectomy	
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe	Musculoskeletal	New Mexico Administrative Code	RX501.019		Added prior to
		the services. Include history and		MCG	SUR703.003		9/1/2019
		physical with operative report or		BCBSNM Medical Policy	SUR702.017	Transplantation and	
		procedure report.		https://medicalpolicy.bcbsnm.com/		Neurotransplantation	
				home.html	SUR701.031	Facet Joint and	
					MED205.037	Sacroiliac Joint	
					SUR710.019	Denervation	
					SUR712.033	Lysis of Epidural	
					MED205.032	Adhesions	
					MED205.035	Magnetic Resonance	
					MED205.036	Image Guided Laser	
					MED205.039	Interstitial Tumor	
					MED201.039	Therapy (LITT)	
						Navigated	
						Transcranial Magnetic	
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	SUR716.004	Stimulat Blepharoplasty,	Added prior to
		Physical and Operative report	and surgical services	MCG	SUR712.031		9/1/2019
		,		BCBSNM Medical Policy		Brow Repair	-, ,
				https://medicalpolicy.bcbsnm.com/		Surgical Deactivation	
				home.html		of Headache Trigger	
						Sites	
						JILCS	

67901	REPAIR EYELID DEFECT	Letter of medical necessity, including	Outpatient Medical	New Mexico Administrative Code	SUR716.004	Blepharoplasty,	Added prior to
		condition being treated.	and surgical services	MCG BCBSNM Medical Policy		Blepharoptosis and Brow Repair	9/1/2019
				https://medicalpolicy.bcbsnm.com/ home.html			
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
				https://medicalpolicy.bcbsnm.com/ home.html		Brow Repair	
67903	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
67904	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
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
67908	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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

70480	CT ORBIT/EAR/FOSSA W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70487	CT MAXILLOFACIAL W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70491	CT SOFT TISSUE NECK W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70496	CT ANGIOGRAPHY HEAD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70498	CT ANGIOGRAPHY NECK	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
70554	FMRI BRAIN BY TECH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71260	CT THORAX W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71271	CT THORAX W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5300	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71275	CT ANGIOGRAPHY CHEST	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
71551	MRI CHEST W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

71552	MRI CHEST W/O & W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72193	CT PELVIS W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72195	MRI PELVIS W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
72196	MRI PELVIS W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
73725	MR ANG LWR EXT W OR W/O DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74160	CT ABDOMEN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74182	MRI ABDOMEN W/DYE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74261	CT COLONOGRAPHY DX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
74263	CT COLONOGRAPHY SCREENING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
75635	CT ANGIO ABDOMINAL ARTERIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76390	MR SPECTROSCOPY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76391	MR ELASTOGRAPHY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
76975	GI ENDOSCOPIC ULTRASOUND	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77046	MRI BREAST C- UNILATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77047	MRI BREAST C- BILATERAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77078	CT BONE DENSITY AXIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
77084	MAGNETIC IMAGE BONE MARROW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78015	THYROID MET IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78016	THYROID MET IMAGING/STUDIES	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78018	THYROID MET IMAGING BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78020	THYROID MET UPTAKE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78070	PARATHYROID PLANAR IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78075	ADRENAL CORTEX & MEDULLA IMG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78102	BONE MARROW IMAGING LTD	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78103	BONE MARROW IMAGING MULT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78104	BONE MARROW IMAGING BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78185	SPLEEN IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78195	LYMPH SYSTEM IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78201	LIVER IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78202	LIVER IMAGING WITH FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78215	LIVER AND SPLEEN IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78216	LIVER & SPLEEN IMAGE/FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78226	HEPATOBILIARY SYSTEM IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78230	SALIVARY GLAND IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78231	SERIAL SALIVARY IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78232	SALIVARY GLAND FUNCTION EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78258	ESOPHAGEAL MOTILITY STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78261	GASTRIC MUCOSA IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78262	GASTROESOPHAGEAL REFLUX EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78264	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78265	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78266	GASTRIC EMPTYING IMAG STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78290	MECKELS DIVERT EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78291	LEVEEN/SHUNT PATENCY EXAM	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78300	BONE IMAGING LIMITED AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78305	BONE IMAGING MULTIPLE AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78306	BONE IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78315	BONE IMAGING 3 PHASE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78445	VASCULAR FLOW IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78456	ACUTE VENOUS THROMBUS IMAGE	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78457	VENOUS THROMBOSIS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78458	VEN THROMBOSIS IMAGES BILAT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78579	LUNG VENTILATION IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78580	LUNG PERFUSION IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78582	LUNG VENTILAT&PERFUS IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78597	LUNG PERFUSION DIFFERENTIAL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78598	LUNG PERF&VENTILAT DIFERENTL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78600	BRAIN IMAGE < 4 VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78605	BRAIN IMAGE 4+ VIEWS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78608	BRAIN IMAGING (PET)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78609	BRAIN IMAGING (PET)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78610	BRAIN FLOW IMAGING ONLY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78630	CEREBROSPINAL FLUID SCAN	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78635	CSF VENTRICULOGRAPHY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78645	CSF SHUNT EVALUATION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78650	CSF LEAKAGE IMAGING	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78700	KIDNEY IMAGING MORPHOL	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78701	KIDNEY IMAGING WITH FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78725	KIDNEY FUNCTION STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78730	URINARY BLADDER RETENTION	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78740	URETERAL REFLUX STUDY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78761	TESTICULAR IMAGING W/FLOW	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78800	TUMOR IMAGING LIMITED AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78801	TUMOR IMAGING MULT AREAS	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

78802	TUMOR IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78803	TUMOR IMAGING (3D)	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78804	TUMOR IMAGING WHOLE BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78811	PET IMAGE LTD AREA	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78812	PET IMAGE SKULL-THIGH	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78813	PET IMAGE FULL BODY	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
78830	RP LOCLZJ TUM SPECT W/CT	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
90283	HUMAN IG IV	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	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90284	HUMAN IG SC	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	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019

90378	RSV MAB IM 50MG	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	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Added prior to 9/1/2019
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	MED202.062	Ultrafiltration in Decompensated Heart Failure	Added prior to 9/1/2019
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
0042T	B BRGDRFERI ANTB 12 PRTN IGG	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
0537T	Chimeric antigen receptor T- cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX502.061	Oncology Medications	11/20/2021
0538T	Chimeric antigen receptor T- cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage) (Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX502.061	Oncology Medications	11/20/2021
0539T	Chimeric antigen receptor T- cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX502.061	Oncology Medications	11/20/2021
0540T	Chimeric antigen receptor T- cell (CAR-T) therapy; CAR-T cell administration, autologous	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX502.061	Oncology Medications	11/20/2021
0633T	Short description not available at time of review	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology		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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 4/1/2022
0648T	QUAN MR ALYS TISS W/O MRI	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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/	MED201.011	Nutritional Support	Added prior to 9/1/2019

B4189		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		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	1	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
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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

C8903	Magnetic resonance imaging with contrast, breast;	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
	unilateral	01 1-800-859-5299		enentsmanagement.com/			
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021
C8913	Magnetic resonance angiography without contrast, lower extremity	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.com/	Carelon	Carelon	Added 1/1/2021

C8931	Magnetic resonance	Carelon - https://providerportal.com/	Radiology		Carelon	Carelon	Added 1/1/2021
	angiography with contrast, spinal canal and contents	or 1-800-859-5299		enefitsmanagement.com/			
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Carelon - https://providerportal.com/ or 1-800-859-5299	Radiology	https://guidelines.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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.carelonmedicalb enefitsmanagement.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	Added prior to 9/1/2019
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	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
	for mattress, standard	including anticipated length of use.	Equipment	MCG		Related Equipment	9/1/2019
	mattress length and width			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
E0250	Hospital bed, fixed height,	History and Physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
	with any type side rails, with	including anticipated length of use	Equipment	MCG		Related Equipment	9/1/2019
	mattress			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
E0251	Hospital bed, fixed height,	History and Physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
	with any type side rails,	including anticipated length of use	Equipment	MCG		Related Equipment	9/1/2019
	without mattress			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
E0255		History and Physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
		including anticipated length of use	Equipment	MCG		Related Equipment	9/1/2019
	with mattress			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
E0256	1 ' '	History and Physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
		including anticipated length of use	Equipment	MCG		Related Equipment	9/1/2019
	without mattress			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
E0260	Hospital bed, semi-electric	History and Physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
	(head and foot adjustment),	including anticipated length of use	Equipment	MCG		Related Equipment	9/1/2019
	with any type side rails, with			BCBSNM Medical Policy			
	mattress			https://medicalpolicy.bcbsnm.com/			
50064			0 11 44 11 1	home.html	2145424 224		
E0261	Hospital bed, semi-electric	History and Physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
	(head and foot adjustment),	including anticipated length of use	Equipment	MCG		Related Equipment	9/1/2019
	with any type side rails,			BCBSNM Medical Policy			
	without mattress			https://medicalpolicy.bcbsnm.com/			
E0265	Hospital had total alcatric	History and Physical or clinical notes,	Durable Medical	home.html New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
EU205				MCG	DIVIETOT.UUT		•
	(head, foot and height	including anticipated length of use	Equipment			Related Equipment	9/1/2019
	adjustments), with any type			BCBSNM Medical Policy			
	side rails, with mattress			https://medicalpolicy.bcbsnm.com/			
E0266	Hospital bed, total electric	History and Physical or clinical notes,	Durable Medical	home.html New Mexico Administrative Code	DME101.001	Hospital Beds and	Added prior to
LU200	(head, foot and height	including anticipated length of use	Equipment	MCG	PINIETOT:001	Related Equipment	9/1/2019
	r ·	including anticipated length of use	Equipment	BCBSNM Medical Policy		neiateu Equipinelit	3/1/2013
	adjustments), with any type						
	side rails, without mattress			https://medicalpolicy.bcbsnm.com/			
			ļ	home.html		!	ļ

E0270	type includes: oscillating, circulating and stryker frame, with mattress	including anticipated length of use	Durable Medical Equipment	MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html		Related Equipment	Added prior to 9/1/2019
E0271	Mattress, innerspring	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.		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
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.		New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	DME101.034		Added prior to 9/1/2019

E0635	Patient lift, electric with seat or sling COMBINATION SIT TO	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. Letter of medical necessity containing	Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	DME101.034	Lifts, Elevators, and Standing Frames/Systems Lifts, Elevators, and	Added prior to 9/1/2019 Added prior to
E0637	STAND FRAME/TABLE SYSTEM, ANY SIZE	the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	DIVIETUT.034		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/	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/	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

E0652	PNEUMATIC COMPRESSOR,	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Pneumatic	Added prior to
L0032	SEGMENTAL HOME MODEL	condition being treated.	Equipment	MCG	MED202.000	Compression Pumps	9/1/2019
		Condition being treated.	Equipment		WIED202.073	1 '	9/1/2019
	WITH CALIBRATED			BCBSNM Medical Policy		for Treatment of	
	GRADIENT PRESSURE			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
				home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
						Pronhylaxis	
E0660	Non-segmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Pneumatic	Added prior to
	appliance for use with	condition being treated.	Equipment	MCG	MED202.073	Compression Pumps	9/1/2019
	pneumatic compressor, full			BCBSNM Medical Policy		for Treatment of	
	leg			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
	-			home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
						Pronhylaxis	
E0665	Nonsegmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Pneumatic	Added prior to
	appliance for use with	condition being treated.	Equipment	MCG	MED202.073	Compression Pumps	9/1/2019
	pneumatic compressor, full		1.1.	BCBSNM Medical Policy		for Treatment of	
	arm			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
				home.html		Venous Ulcers	
				nome.num			
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
E0666	Nonsegmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Prophylaxis Pneumatic	Added prior to
L0000		_		MCG			· ·
	appliance for use with	condition being treated.	Equipment		MED202.073	Compression Pumps	9/1/2019
	pneumatic compressor, half			BCBSNM Medical Policy		for Treatment of	
	leg			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
				home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
						Pronhylaxis	

E0667	Cogmontal processis	Letter of modical passesity, including	Durable Madical	Now Mayica Administrative Carla	MED202.060	Dnoumatic	Added prior to
E0667	Segmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060		•
	appliance for use with	condition being treated.	Equipment	MCG	MED202.073	1	9/1/2019
	pneumatic compressor, full			BCBSNM Medical Policy		for Treatment of	
	leg			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
				home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
						Pronhylaxis	
E0668	Segmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Pneumatic	Added prior to
	appliance for use with	condition being treated.	Equipment	MCG	MED202.073		9/1/2019
	pneumatic compressor, full			BCBSNM Medical Policy		for Treatment of	
	arm			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
				home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
						Pronhylaxis	
E0669	Segmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Pneumatic	Added prior to
	appliance for use with	condition being treated.	Equipment	MCG	MED202.073	Compression Pumps	9/1/2019
	pneumatic compressor, half			BCBSNM Medical Policy		for Treatment of	
	leg			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
				home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						Devices for Venous	
						Thromboembolism	
						Pronhylavis	
E0670	Segmental pneumatic	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	MED202.060	Pneumatic	Added prior to
	appliance for use with	condition being treated.	Equipment	MCG	MED202.073	Compression Pumps	9/1/2019
	pneumatic compressor,			BCBSNM Medical Policy		for Treatment of	
	integrated, 2 full legs and			https://medicalpolicy.bcbsnm.com/		Lymphedema and	
	trunk			home.html		Venous Ulcers	
						Postsurgical	
						Outpatient Use of	
						Limb Compression	
						•	
						Devices for Venous	
						Thromboembolism	
	1	i .			1	Prophylaxis	ī l

E0675	DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	comorbidities, previously tried clinical interventions and operative report if any available.		New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	MED202.060 MED202.073	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
E0676		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.		New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	SUR705.044		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.		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.		New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	MED201.033		Added prior to 9/1/2019

E0986	MANUAL WHEELCHAIR	Letter of medical Necessity supporting	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	ACCESSORY, PUSH	need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	ACTIVATED POWER ASSIST,			BCBSNM Medical Policy			
	EACH			https://medicalpolicy.bcbsnm.com/			
		-		home.html			
E1002	WHEELCHAIR ACCESSORY,	Letter of medical Necessity supporting		New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	POWER SEATING SYSTEM,	need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	TILT ONLY			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
	<u> </u>			home.html			
E1007	WHEELCHAIR ACCESSORY,	Letter of medical Necessity supporting		New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	POWER SEATING SYSTEM,	need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	COMBINATION TILT AND			BCBSNM Medical Policy			
	RECLINE, WITH MECHANICAL			https://medicalpolicy.bcbsnm.com/			
	SHEAR REDUCTION			home.html			
E1008	WHEELCHAIR ACCESSORY,	Letter of medical Necessity supporting	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	POWER SEATING SYSTEM,	need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	COMBINATION TILT AND			BCBSNM Medical Policy			
	RECLINE, WITH POWER			https://medicalpolicy.bcbsnm.com/			
	SHEAR REDUCTION			home.html			
E1010	Wheelchair accessory,	Letter of medical Necessity supporting	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	addition to power seating	need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	system, power leg elevation			BCBSNM Medical Policy			
	system, including legrest,			https://medicalpolicy.bcbsnm.com/			
	pair			home.html			
E1012	Wheelchair accessory,	Letter of medical Necessity supporting	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	addition to power seating	need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	system, center mount power			BCBSNM Medical Policy			
	elevating leg rest/platform,			https://medicalpolicy.bcbsnm.com/			
	complete system, any type,			home.html			
	each						
E1028	WHEELCHAIR ACCESSORY,	Letter of medical Necessity supporting	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added 1/1/2023
	MANUAL SWINGAWAY,	need for the wheelchair accessory.	Equipment	MCG		Accessories	
	RETRACTABLE OR			BCBSNM Medical Policy			
	REMOVABLE			https://medicalpolicy.bcbsnm.com/			
	MOUNTINGHARDWARE FOR			home.html			
	JOYSTICK, OTHER CONTROL						
	INTERFACE OR POSITIONING						
	ACCESSORY						
E1038	Transport chair, adult size,	Letter of medical Necessity supporting		New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
		need for the wheelchair accessory.	Equipment	MCG		Accessories	9/1/2019
	and including 300 pounds			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			

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/	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1161	MANUAL ADULT SIZE	History and physical to Include the	Durable Medical	home.html New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
E1101		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	Equipment	MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html		Accessories	9/1/2019
E1220	constructed, (indicate brand	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
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,	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	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	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)	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1235	′'	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence,	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		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	•	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1310	Whirlpool, nonportable (built- in 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	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	Not a covered benefit	Not a covered benefit	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

E2200	Whoolehair accessory names	History and physical to Include the	Durable Medical	Now Mayica Administrative Code	DME101 010	Whoolshairs and	Added prior to
E2300	Wheelchair accessory, power	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	seat elevation system, any	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	type	limitations as they relate to the		BCBSNM Medical Policy			
		equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
E2301	Wheelchair accessory, power	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standing system, any type	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
		limitations as they relate to the		BCBSNM Medical Policy			
		equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities		nome.num			
		l ' '					
		the patient performs), duration of					
F2210	Dower who alshair assesses	medical condition. Pas	Durable Madical	Nov. Movice Administrative Code	DN4F101 010	M/h colobairs and	Addad prior to
E2310	Power wheelchair accessory,	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	electronic connection	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	between wheelchair			BCBSNM Medical Policy			
	controller and one power			https://medicalpolicy.bcbsnm.com/			
	seating system motor,			home.html			
	including all related						
	electronics, indicator feature,						
	mechanical function						
	selection switch, and fixed						
	mounting hardware						
E2373	Power wheelchair accessory,	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	hand or chin control	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	interface, compact remote			BCBSNM Medical Policy			
	joystick, proportional,			https://medicalpolicy.bcbsnm.com/			
	including fixed mounting			home.html			
	hardware						
E2504	Speech generating device,	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME104.009	Speech Generating	Added prior to
	digitized speech, using	including anticipated length of use.	Equipment	MCG		Devices (SGD)	9/1/2019
	prerecorded messages,	· -		BCBSNM Medical Policy			
	greater than 20 minutes but			https://medicalpolicy.bcbsnm.com/			
	less than or equal to 40			home.html			
	minutes recording time						
E2510	SPEECH GENERATING	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.009	Speech Generating	Added prior to
	DEVICE, SYNTHESIZED	length of time equipment	Equipment	MCG	2210 1.005	Devices (SGD)	9/1/2019
	SPEECH, PERMITTING	, ,	Equipment	BCBSNM Medical Policy		Devices (SOD)	5/1/2013
	· ·	needed, functional status if applicable		•			
	MULTIPLE METHODS OF	and description of medical condition.		https://medicalpolicy.bcbsnm.com/			
	MESSAGE FORMULATION			home.html			
	AND MULTIPLE METHODS OF						
<u> </u>	DEVICE ACCESS						

E2599	Accessory for speech	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.009	Speech Generating	Added prior to
	generating device, not	length of time equipment	Equipment	MCG		Devices (SGD)	9/1/2019
	otherwise classified	needed, functional status if applicable		BCBSNM Medical Policy			
		and description of medical condition.		https://medicalpolicy.bcbsnm.com/			
				home.html			
E2609	Custom fabricated	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	wheelchair seat cushion, any	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	size			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
E2615	Positioning wheelchair back	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	cushion, posterior-lateral,	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	width less than 22 in, any			BCBSNM Medical Policy			
	height, including any type			https://medicalpolicy.bcbsnm.com/			
	mounting hardware			home.html			
E2620	Positioning wheelchair back	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	cushion, planar back with	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	lateral supports, width less			BCBSNM Medical Policy			
	than 22 in, any height,			https://medicalpolicy.bcbsnm.com/			
	including any type mounting			home.html			
	hardware						
E2621	Positioning wheelchair back	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	cushion, planar back with	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	lateral supports, width 22 in			BCBSNM Medical Policy			
	or greater, any height,			https://medicalpolicy.bcbsnm.com/			
	including any type mounting			home.html			
	hardware						
E2627	Wheelchair accessory,	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	shoulder elbow, mobile arm	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	support attached to			BCBSNM Medical Policy			
	wheelchair, balanced,			https://medicalpolicy.bcbsnm.com/			
	adjustable Rancho type			home.html			
E2629	Wheelchair accessory,	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	shoulder elbow, mobile arm	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	support attached to			BCBSNM Medical Policy			
	wheelchair, balanced,			https://medicalpolicy.bcbsnm.com/			
	friction arm support (friction			home.html			ĺ
	dampening to proximal and						
	distal joints)						
G0027	Semen analysis; presence	Recent history and physical, plan of	Lab	New Mexico Administrative Code	MCG A-0504	Assisted Reproductive	Added prior to
	and/or motility of sperm	care, and documentation of medical		MCG		Technology	9/1/2019
	excluding Huhner	necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			1

G0151	Services performed by a	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
23131	qualified physical therapist in	ordering physician, treatment plan	assaroskeretar	MCG		Ficular Scr Vices	9/1/2019
	the home health or hospice	with Letter of medical necessity,		BCBSNM Medical Policy			3/1/2013
	setting, each 15 minutes	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
	Setting, each 13 minutes	including condition being treated.		home.html			
G0152	Services performed by a	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	qualified occupational	ordering physician, treatment plan		MCG			9/1/2019
	therapist in the home health	with Letter of medical necessity,		BCBSNM Medical Policy			
	or hospice setting, each 15	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
	minutes	and an ignormalian semigration		home.html			
G0153	SERVICES PERFORMED BY A	Recent history and physical, plan of	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	QUALIFIED SPEECH-	care, and documentation of medical		MCG			9/1/2019
	LANGUAGE PATHOLOGIST IN	necessity.		BCBSNM Medical Policy			
	THE HOME HEALTH OR	·		https://medicalpolicy.bcbsnm.com/			
	HOSPICE SETTING, EACH 15			home.html			
	MINUTES						
G0155	Services of clinical social	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	worker in home health or	ordering physician, treatment plan		MCG			9/1/2019
	hospice settings, each 15	with Letter of medical necessity,		BCBSNM Medical Policy			
	minutes	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
				home.html			
G0156	Services of home	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	health/hospice aide in home	ordering physician, treatment plan		MCG			9/1/2019
	health or hospice settings,	with Letter of medical necessity,		BCBSNM Medical Policy			
	each 15 minutes	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
				home.html			
G0157	Services performed by a	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	qualified physical therapist	ordering physician, treatment plan		MCG			9/1/2019
	assistant in the home health	with Letter of medical necessity,		BCBSNM Medical Policy			
	or hospice setting, each 15	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
	minutes			home.html			
G0158	Services performed by a	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	qualified occupational	ordering physician, treatment plan		MCG			9/1/2019
	therapist assistant in the	with Letter of medical necessity,		BCBSNM Medical Policy			
	· ·	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
	setting, each 15 minutes			home.html			
G0159	· · · · · · · · · · · · · · · · · · ·	History and physical, chart notes from	Musculoskeletal	New Mexico Administrative Code	NMAC 8.325.9	Home Health Services	Added prior to
	qualified physical therapist,	ordering physician, treatment plan		MCG			9/1/2019
	in the home health setting, in	with Letter of medical necessity,		BCBSNM Medical Policy			
	-	including condition being treated.		https://medicalpolicy.bcbsnm.com/			
	of a safe and effective			home.html			
	physical therapy						
	maintenance program, each						
	15 minutes						

G0160	· ·	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.carelonmedicalb enefitsmanagement.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
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		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		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	SRU	New Mexico Administrative Code			Added 7/1/2024
		ordering physician, treatment plan		MCG			
		with Letter of medical necessity,		BCBSNM Medical Policy			
		including condition being treated.		https://medicalpolicy.bcbsnm.com/			
				home.html			
G9006	Coordinated care fee, home	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
	monitoring	care, NFLOC, and documentation of		NMAC			9/1/2019
		medical necessity.		Managed Care Policy Manual			
G9012	Personal Care Consumer-	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
	Directed Advertisement	care, NFLOC, and documentation of		NMAC			9/1/2019
	Reimbursement Fee	medical necessity.		Managed Care Policy Manual			
H0019	Transitional Living Services	For Service Request, please contact	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
		customer service representative		NMAC			9/1/2019
				Managed Care Policy Manual			, ,
J0172	Aduhelm (aducanumab-	Recent history and physical, plan of	SRU	New Mexico Administrative Code			Added 7/1/24
	avwa)	care, and documentation of medical		MCG			, ,
	Januar,	necessity.		BCBSNM Medical Policy			
		liceessity.		https://medicalpolicy.bcbsnm.com/			
				home.html			
J0174	Legembi (lecanemab-irmb)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.152	Lecanemab-irmb	Added 7/1/24
30174	Legeriloi (lecalientab-irilib)	care, and documentation of medical	Sito	MCG	1001.132	Lecanemab-minb	Audeu //1/24
		· ·					
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0175	Kisunla (donanemab-azbt)	Recent history and physical, plan of	SRU	New Mexico Administrative Code			Added 1/1/2025
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0180	Fabrazyme (agalsidase beta)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	
		care, and documentation of medical		MCG	RX501.096	Therapy for Lysosomal	9/1/2019
		necessity.		BCBSNM Medical Policy		Storage Disorders	
				https://medicalpolicy.bcbsnm.com/		Specialty Medication	
				home.html		Administration Site of	
						Care	
10010	V (1) 1 15				DV504.067	5 5 1	
J0218	Xenpozyme (olipudase alfa-	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	Added 7/1/24
	rpcp)	care, and documentation of medical		MCG		Therapy for Lysosomal	
		necessity.		BCBSNM Medical Policy		Storage Disorders	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0219	Nexviazyme (avalglucosidase	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	Added 7/1/24
	alfa-ngpt)	care, and documentation of medical		MCG		Therapy for Lysosomal	
		necessity.		BCBSNM Medical Policy		Storage Disorders	
				https://medicalpolicy.bcbsnm.com/			
				home.html			

J0221	Lumizyme (alglucosidase alfa)	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	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	•
J0222	Injection, patisiran, 0.1 mg	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	RX501.102	Patisiran (Onpattro)	Added 7/1/24, replaced C9036
J0223	Givlaari (givosiran)	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	RX501.096 RX501.125	Specialty Medication Administration Site of Care; Givosiran	Added 7/1/2024
J0224	Oxlumo (lumasiran)	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	RX501.133 RX501.096	Lumasiran ; Specialty Medication Administration Site of Care	Added 7/1/2024
J0225	Amvuttra (vutrisiran)	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	RX501.146	Vutrisiran	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/	RX501.096	Specialty Medication Administration Site of Care	Added 7/1/2024
J0567	Brineura (cerliponase alfa)	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	RX501.092	Cerliponase alfa	Added 7/1/24, replaced C9014
J0584	Injection, burosumab-twza, 1 mg	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX502.058 RX501.096	Burosumab-twza Specialty Medication Administration Site of Care	Added prior to 9/1/2019
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	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.019	Botulinum Toxin	Added prior to
	(abobotulinumtoxinA)	care, and documentation of medical		MCG	MED201.014	Treatment of	9/1/2019
	· ·	necessity.		BCBSNM Medical Policy		Hyperhidrosis	
				https://medicalpolicy.bcbsnm.com/		71.	
				home.html			
J0587	Myobloc	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.019	Botulinum Toxin	Added prior to
	(rimabotulinumtoxinB)	care, and documentation of medical		MCG	MED201.014	Treatment of	9/1/2019
		necessity.		BCBSNM Medical Policy		Hyperhidrosis	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0588	Xeomin	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.019	Botulinum Toxin	Added prior to
	(incobotulinumtoxinA)	care, and documentation of medical		MCG	MED201.014	Treatment of	9/1/2019
		necessity.		BCBSNM Medical Policy		Hyperhidrosis	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0589	Daxxify (daxibotulinumtoxinA	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.019		Added 1/1/2025
	lanm)	care, and documentation of medical		MCG	MED201.015		
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0598	Cinryze (C1 esterase	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.013	Management of	Added prior to
	inhibitor)	care, and documentation of medical		MCG	RX501.096	Hereditary	9/1/2019
		necessity.		BCBSNM Medical Policy		Angioedema (HAE)	
				https://medicalpolicy.bcbsnm.com/		with C1 Esterase	
				home.html		Inhibitor, Human and	
						Ecallantide	
						Specialty Medication	
						Administration Site of	
						Care	
J0741	Cabenuva	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.145	Long-Acting Injectable	Added 7/1/2024
	(cabotegravir/rilpivirine)	care, and documentation of medical		MCG		Antiretroviral Agents	
		necessity.		BCBSNM Medical Policy		for Treatment of HIV	
				https://medicalpolicy.bcbsnm.com/			
10775	VC - floor / II	Barrat little and the first transfer	CDLI	home.html	DV504 070	Classification !!	Add ad a d
J0775	Xiaflex (collagenase,	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.073	Clostridial Collagenase	Added prior to
	clostridium histolyticum)	care, and documentation of medical		MCG		for Fibroproliferative	9/1/2019
		necessity.		BCBSNM Medical Policy		Disorders	
				https://medicalpolicy.bcbsnm.com/			
10704	Adalasa (arizz z lizonza la	December higher and about all all and a second	CDLI	home.html New Mexico Administrative Code	DVE01 136	Crizanlizum ala terra	Addad 7/4/2024
J0791	Adakveo (crizanlizumab-	Recent history and physical, plan of	SRU		RX501.126	Crizanlizumab-tmca	Added 7/1/2024
	tmca)	care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
	<u>, </u>			home.html			

J0881	Non-Oncology use -	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.069	Erythropoiesis-	Added prior to
		care, and documentation of medical		MCG		Stimulating Agents	9/1/2019
	1 '	necessity.		BCBSNM Medical Policy		(ESAs)	' '
				https://medicalpolicy.bcbsnm.com/		(==: :=)	
				home.html			
J0885	Non-Oncology use - Epoetin	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.069	Erythropoiesis-	Added prior to
	Alfa - Non-ESRD	care, and documentation of medical		MCG		Stimulating Agents	9/1/2019
		necessity.		BCBSNM Medical Policy		(ESAs)	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0888	Mircera (pegylated-epoetin	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.069	Erythropoiesis-	Added prior to
	beta)	care, and documentation of medical		MCG		Stimulating Agents	9/1/2019
		necessity.		BCBSNM Medical Policy		(ESAs)	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J0896	Non-Oncology use - Reblozyl	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.087	FDA-Approved Drugs,	Added 7/1/2024
	(luspatercept-aamt)	care, and documentation of medical		MCG		Biologicals, Cellular	
		necessity.		BCBSNM Medical Policy		and Gene Therapies	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1203	Pombiliti (cipaglucosidase	Recent history and physical, plan of	SRU	New Mexico Administrative Code			Added 7/1/2024
	alfa-atga)	care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1290	Kalbitor (ecallantide)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.013	Management of	Added prior to
		care, and documentation of medical		MCG	RX501.096	Hereditary	9/1/2019
		necessity.		BCBSNM Medical Policy		Angioedema (HAE)	
				https://medicalpolicy.bcbsnm.com/		with C1 Esterase	
				home.html		Inhibitor, Human and	
						Ecallantide	
						Specialty Medication	
						Administration Site of	
14.004	5 II (I)		COLL		DV504 006	Care	4 1 1 7 /4 /2024
J1301	Radicava (edaravone)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.096	Edaravone	Added 7/1/2024
		care, and documentation of medical		MCG	RX501.095		
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
11202	Fairman (autimalianala 1 - v -)	Decembrished and about all the of	CDII	home.html New Mexico Administrative Code	DVE04 007	EDA Amaranad Division	A d d = d 7 /1 /2 0 2 4
J1302	Enjaymo (sutimlimab-jome)	Recent history and physical, plan of	SRU		RX501.087	FDA-Approved Drugs,	Added 7/1/2024
		care, and documentation of medical		MCG		Biologicals, Cellular	
		necessity.		BCBSNM Medical Policy		and Gene Therapies	
				https://medicalpolicy.bcbsnm.com/			
	ļ		J.	home.html			

J1304	Qalsody (tofersen)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.162	Tofersen	Added 7/1/2024
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1305	Evkeeza (evinacumab-dgnb)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.136	Evinacumab-dgnb	Added 7/1/2024
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
I				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1306	Leqvio (inclisiran)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.142	Inclisiran	Added 7/1/2024
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1322	Vimizim (elosulfase alfa)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	Added prior to
		care, and documentation of medical		MCG	RX501.096	Therapy for Lysosomal	9/1/2019
		necessity.		BCBSNM Medical Policy		Storage Disorders	
				https://medicalpolicy.bcbsnm.com/		Specialty Medication	
				home.html		Administration Site of	
						Care	
J1411	Hemgenix (etranacogene	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.151	Etranacogene	Added 7/1/2024
	dezaparvovec)	care, and documentation of medical		MCG		dezaparvovec-drlb	
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1412	Roctavian (valoctocogene	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.128	Valoctocogene	Added 7/1/2024
	roxaparvovec-rvox)	care, and documentation of medical		MCG		Roxaparvovec-rvox	
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1413	Elevidys	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.163	Delandistrogene	Added 7/1/24
		care, and documentation of medical		MCG		moxeparvovec-rokl	
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1426	Amondys-45 (casimersen)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.135	Casimersen	Added 7/1/24
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1427	Viltepso (viltolarsen)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.129	Viltolarsen	Added 7/1/24
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
		<u> </u>		https://medicalpolicy.bcbsnm.com/			
				home.html			
		!		monitorium.			

J1428	Exondys 51 (eteplirsen)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.084	Eteplirsen	Added prior to
		care, and documentation of medical		MCG			9/1/2019
		necessity.		BCBSNM Medical Policy			
		,		https://medicalpolicy.bcbsnm.com/			
				home.html			
J1429	Vyondys-53 (golodirsen)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.122	Golodirsen	Added 7/1/2024
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J1458	Naglazyme (galsulfase)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	•
		care, and documentation of medical		MCG	RX501.096	Therapy for Lysosomal	9/1/2019
		necessity.		BCBSNM Medical Policy		Storage Disorders	
				https://medicalpolicy.bcbsnm.com/		Specialty Medication	
				home.html		Administration Site of	
						Care	
J1459	Non Oncologyusa Immuna	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
11459	Globulin IV	care, and documentation of medical	SKU	MCG	RX504.003 RX501.096	Therapy (Including	10/11/2021
	Globuliii iv	·		BCBSNM Medical Policy	KX501.096	.,,	
		necessity.		•		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
J1551	Non Oncology immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Care Immunoglobulin (Ig)	Internal 1/1/24
01001	globulin subcutaneous,	care, and documentation of medical	50	MCG	RX501.096	Therapy (Including	
	human-hipp	necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
	The man impp	necessity.		https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
						Care	
J1554	Non-Oncology immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	Internal 1/1/24
	globulin intravenous, human-	care, and documentation of medical		MCG	RX501.096	Therapy (Including	
	slra	necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
						Care	

J1555	Non-Oncology use - Immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
	Globulin (Human)	care, and documentation of medical		MCG	RX501.096	Therapy (Including	,,
	Subcutaneous	necessity.		BCBSNM Medical Policy	10.501.050	Intravenous [IVIG] and	
	Subcutaneous	liceessity.		https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
				nome.num		Specialty Medication	
						Administration Site of	
						Care	
J1556	Non-Oncology use - Immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
	Globulin IV	care, and documentation of medical		MCG	RX501.096	Therapy (Including	
		necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
		,		https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
						Care	
J1557	Non-Oncology use Immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
	Globulin IV	care, and documentation of medical		MCG	RX501.096	Therapy (Including	
		necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
						Care	
J1558	Non-Oncology use - Immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
	Globulin (Human)-klhw	care, and documentation of medical		MCG	RX501.096	Therapy (Including	
		necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
						Care	
J1559		Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
	Globulin (Human)	care, and documentation of medical		MCG	RX501.096	Therapy (Including	
	Subcutaneous	necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
					ĺ	Care	

J1561	Non-Oncology use - Immune Globulin (Human) IV or Subcutaneous	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	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1562	• • •	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	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1566	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	SRU		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1568	Non-Oncology use - Immune Globulin IV	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	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1569	Non-Oncology use - Immune Globulin (Human) IV or Subcutaneous	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	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021

J1572	Non-Oncology use - Immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Immunoglobulin (Ig)	10/11/2021
31372	Globulin IV	care, and documentation of medical	5110	MCG	RX501.096	Therapy (Including	10/11/2021
	Globaliii i v	necessity.		BCBSNM Medical Policy	10.501.050	Intravenous [IVIG] and	
		necessity.		https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
				nome.num		Specialty Medication	
						1 '	
						Administration Site of	
J1575	Non-Oncology use - Immune	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Care Immunoglobulin (Ig)	10/11/2021
313/3	Globulin	care, and documentation of medical	31.0	MCG	RX504.003	Therapy (Including	10/11/2021
	(Human)Hyaluronidase	necessity.		BCBSNM Medical Policy	KA301.030	Intravenous [IVIG] and	
		necessity.		•			
	(Human Recombinant)			https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
				home.html		[SCIG])	
						Specialty Medication	
						Administration Site of	
J1576	Non-Oncology use - Panzyga	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX504.003	Care Immunoglobulin (Ig)	Added 7/1/2024
112/0	1	1 ' ' ' ' '	SKU	MCG	KX504.003		Added 7/1/2024
	(immune globulin	care, and documentation of medical				Therapy (Including	
	intravenous)	necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
11 500	Non Consideration Income	Decembrished and about all along of	SRU	home.html New Mexico Administrative Code	RX504.003	[SCIG]) Immunoglobulin (Ig)	10/11/2021
J1599	=:	Recent history and physical, plan of	SKU		KX504.003		10/11/2021
	Globulin IV	care, and documentation of medical		MCG		Therapy (Including	
		necessity.		BCBSNM Medical Policy		Intravenous [IVIG] and	
				https://medicalpolicy.bcbsnm.com/		Subcutaneous Ig	
14.600			CDII	home.html	DV504.406	[SCIG])	4 1 1 7 /4 /2024
J1632	Zulresso (brexanolone)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.106	Brexanolone for	Added 7/1/2024
		care, and documentation of medical		MCG		Postpartum	
		necessity.		BCBSNM Medical Policy		Depression	
				https://medicalpolicy.bcbsnm.com/			
14740	51 (:1 16)		CDII	home.html	DV504.067	5 5 1 .	
J1743	Elaprase (idursulfase)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	
		care, and documentation of medical		MCG	RX501.096	Therapy for Lysosomal	9/1/2019
		necessity.		BCBSNM Medical Policy		Storage Disorders	
				https://medicalpolicy.bcbsnm.com/		Specialty Medication	
				home.html		Administration Site of	
						Care	
J1746	Injection ibalizumah-uiuk 10	Letter of medical necessity, including	SRU	New Mexico Administrative Code	RX501.099	Ibalizumab-uiyk	Added prior to
31/40		condition being treated.	SNU	MCG	RX501.099 RX501.096	1	9/1/2019
	mg	condition being treated.			NA301.090		3/1/2013
				BCBSNM Medical Policy		Administration Site of	
				https://medicalpolicy.bcbsnm.com/		Care	
				home.html			

J1786	Aldurazyme (laronidase)	Recent history and physical, plan of	SRU	New Mexico Administrative Code MCG	RX501.067	Enzyme-Replacement	•
		care, and documentation of medical necessity.		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	RX501.096	Therapy for Lysosomal Storage Disorders Specialty Medication	9/1/2019
				home.html		Administration Site of Care	
J1930	Somatuline Depot (lanreotide)	Recent history and physical, plan of care, and documentation of medical	SRU	New Mexico Administrative Code MCG	RX502.061	Oncology Medications	Added prior to 9/1/2019
		necessity.		BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX501.087	FDA-Approved Drugs and Biologicals	
J1931	Aldurazyme (laronidase)	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	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	•
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
J2326	Spinraza (nusinersen)	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	RX501.086	Nusinersen	Added prior to 9/1/2019
J2353	Sandostatin LAR (octreotide (depot))	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	RX501.156	Octreotide	Added 7/1/2024
J2354	Sandostatin (octreotide (non- depot))	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	RX501.156	Octreotide	Added 7/1/2024

J2356	Tezspire (tezepelumab-ekko)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.143	Tezepelumab-ekko	Added 7/1/2024
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J2357	Xolair (omalizumab),	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.058	Omalizumab	Added prior to
		care, and documentation of medical		MCG	RX501.096	Specialty Medication	9/1/2019
		necessity.		BCBSNM Medical Policy		Administration Site of	
				https://medicalpolicy.bcbsnm.com/		Care	
				home.html			
J2507	Krystexxa (pegloticase)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.120	Pegloticase	Added prior to
ì		care, and documentation of medical		MCG	RX501.096	Specialty Medication	9/1/2019
		necessity.		BCBSNM Medical Policy		Administration Site of	
				https://medicalpolicy.bcbsnm.com/		Care	
				home.html			
J2508	Elfabrio (pegunigalsidase alfa-	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	Added 7/1/2024
	iwxj)	care, and documentation of medical		MCG		Therapy for Lysosomal	
		necessity.		BCBSNM Medical Policy		Storage Disorders	
		,		https://medicalpolicy.bcbsnm.com/			
				home.html			
J2562	Mozobil (plerixafor)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	Oncology Medications	Added prior to
		care, and documentation of medical		MCG			9/1/2019
		necessity.		BCBSNM Medical Policy			, ,
		,		https://medicalpolicy.bcbsnm.com/			
				home.html			
J2786	Cingair (reslizumab)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.083	Reslizumab	Added prior to
		care, and documentation of medical		MCG	RX501.096	Specialty Medication	9/1/2019
		necessity.		BCBSNM Medical Policy		Administration Site of	, ,
				https://medicalpolicy.bcbsnm.com/		Care	
				home.html		Guile	
J2796	Nplate (romiplostim)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.157	Romiplostim	Added 7/1/2024
		care, and documentation of medical		MCG		·	
		necessity.		BCBSNM Medical Policy			
		necessity.		https://medicalpolicy.bcbsnm.com/			
				home.html			
J2840	Humatrope, Saizen	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.067	Enzyme-Replacement	Added prior to
	(somatropin)	care, and documentation of medical		MCG	RX501.096	Therapy for Lysosomal	
	(necessity.		BCBSNM Medical Policy		Storage Disorders	-, -, 2020
				https://medicalpolicy.bcbsnm.com/		Specialty Medication	
				home.html		Administration Site of	
				nome.num		Care	
J2941	Humatrope, Saizen	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.040	Human Growth	Added prior to
İ	(somatropin)	care, and documentation of medical		MCG		Hormone (GH)	9/1/2019
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			

J3032	Vyepti (eptinezumab-jjmr)	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.124	Eptinezumab-jjmr	Added 7/1/2024
		care, and documentation of medical necessity.		MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html			
J3060	Elelyso (taliglucerase alfa)	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	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	•
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
J3385	Vpriv (velaglucerase alfa)	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	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	•
J3393	Zynteglo (betibeglogene autotemcel)	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
J3394	Lyfgenia (lovotibeglogene autotemcel)	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
J3397	Injection, vestronidase alfa- vjbk, 1 mg	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	•
J3398	Luxturna (voretigene neparvovec-rzyl)	Letter of medical necessity, including condition being treated.	SRU	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX501.098	Gene Therapy for Inherited Retinal Dystrophy	Added 7/1/2024

J3399	Zolgensma	Letter of medical necessity, including	SRU	New Mexico Administrative Code	RX501.104	Onasemnogene	Added prior to
		condition being treated.		MCG		Abeparvovec-xioi	9/1/2019
				BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J3401	Vyjuvek (beremagene	Letter of medical necessity, including	SRU	New Mexico Administrative Code	RX501.164	Beremagene	Added 7/1/2024
	geperavec-svdt)	condition being treated.		MCG		geperpavec-svdt	
				BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
J3490	<u> </u>	Recent history and physical, plan of	Medical Drug - not		MED206.001	Allergy Management	10/11/2021
	Globulin (Human)-hipp,	care, and documentation of medical	SRU	•	RX501.063	Compounded Drug	Removed 7/1/24
		necessity.		https://medicalpolicy.bcbsnm.com/	SUR716.001	Products	
				home.html	RX501.067	Cosmetic and	
					RX501.105	Reconstructive	
					RX501.136	Procedures	
					RX501.087	Enzyme-Replacement	
					RX501.040	Therapy for Lysosomal	
					RX501.099	Storage Disorders	
					RX504.003	Esketamine Nasal	
					OTH903.027	Spray	
					OTH903.020	Evinacumab-dgnb	
					RX501.080	FDA-Approved Drugs	
					SUR706.001	and Biologicals	
					RX501.086	Human Growth	
					RX501.085	Hormone (GH)	
					RX501.104	Ibalizumab-ui	
					RX502.030		
					MED206.006		
					MED201.014		
					RX501.130		
					RX501.129		
	I				I	I	

Glo Ve _l Teo	on-Oncology use Immune lobulin (Human)-hipp, egzelma, Elahere, Imjudo, ecvayli, Stimufend, Fylnetra, olvendon	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug - not SRU	New Mexico Administrative Code MCG	RX501.073 RX501.063	Clostridial Collagenase for Fibroproliferative	10/11/2021
Ve _j Teo	egzelma, Elahere, Imjudo, ecvayli, Stimufend, Fylnetra,	·	SKU	IVICG	KX5U1.U63	Itor Fibroproliferative	
Ted	ecvayli, Stimufend, Fylnetra,	necessity.		I		· ·	
	•			BCBSNM Medical Policy	RX501.067	Disorders	
Ro	olvendon			https://medicalpolicy.bcbsnm.com/	RX501.136	Compounded Drug	
				home.html	RX501.087	Products	
					RX501.099	Enzyme-Replacement	
1 1					RX504.003	Therapy for Lysosomal	
1					RX501.051	Storage Disorders	
1					RX501.080	Evinacumab-dgnb	
1					RX501.085	FDA-Approved Drugs	
1					RX501.104	and Biologicals	
1					RX501.104	Ibalizumab-uiyk	
1					KA501.129	· '	
1						Immunoglobulin (Ig)	
1						Therapy (Including	
1						Intraven	
J7183 Wi	'ilate (von willebrand factor	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX501.160	Wilate	Added 7/1/2024
cor	omplex)	care, and documentation of medical		MCG			
1	· ,	necessity.		BCBSNM Medical Policy			
1				https://medicalpolicy.bcbsnm.com/			
1				home.html			
J9029 Ad	dstiladrin (nadofaragene	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	Oncology Medications	Added 7/1/2024
fira	radenovec-vncg)	care, and documentation of medical		MCG			
1	<u>.</u>	necessity.		BCBSNM Medical Policy			
1		•		https://medicalpolicy.bcbsnm.com/			
1				home.html			
K0002 Sta	andard hemi (low seat)	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
wh	heelchair	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
1				BCBSNM Medical Policy			
1				https://medicalpolicy.bcbsnm.com/			
				home.html			
K0004 Hig	igh strength, lightweight	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
wh	heelchair	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
1				BCBSNM Medical Policy			
1				https://medicalpolicy.bcbsnm.com/			
				home.html			
K0005 Ult	ltralightweight wheelchair	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
1		including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
1				BCBSNM Medical Policy			
1				https://medicalpolicy.bcbsnm.com/			
				home.html			
K0006 He	eavy-duty wheelchair	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
		including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
				BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
				https://medicalpolicy.bcbsnm.com/			

K0007	Extra heavy-duty wheelchair	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
		including anticipated length of use.	Equipment	MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html		Accessories	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
K0009	Other 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		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	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	accessory, not otherwise	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	specified	limitations as they relate to the		BCBSNM Medical Policy			
		equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0606	Aed garment w elec analysis	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	MCG A-0566	Cardioverter-	Added prior to
		care, and documentation of medical	Equipment	MCG		Defibrillator,	9/1/2019
		necessity.		BCBSNM Medical Policy		Wearable	
				https://medicalpolicy.bcbsnm.com/			
				home.html			
K0800	Power operated vehicle,	Recent History and Physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	group 1 standard, patient	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	weight capacity up to and	necessity		BCBSNM Medical Policy			
	including 300 pounds			https://medicalpolicy.bcbsnm.com/			
				home.html			
K0801	Power operated vehicle,	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	group 1 heavy duty, patient	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	weight capacity 301 to 450	necessity.		BCBSNM Medical Policy			
	pounds			https://medicalpolicy.bcbsnm.com/			
				home.html			
K0806	Power operated vehicle,	Recent History and Physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	group 2 standard, patient	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	weight capacity up to and	necessity		BCBSNM Medical Policy			
	including 300 pounds			https://medicalpolicy.bcbsnm.com/			
				home.html			
K0812	Power operated vehicle, not	Recent History and Physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	otherwise classified	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
		necessity		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
K0813	Power wheelchair, group 1	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, portable,	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	sling/solid seat and back,			BCBSNM Medical Policy			
	patient weight capacity up to			https://medicalpolicy.bcbsnm.com/			
	and including 300 pounds			home.html			
K0814	Power wheelchair, group 1	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, portable, captains	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	chair, patient weight capacity	necessity.		BCBSNM Medical Policy			
	up to and including 300			https://medicalpolicy.bcbsnm.com/			
	pounds			home.html			

K0815	Power wheelchair, group 1	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
		care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	back, patient weight capacity	necessity.		BCBSNM Medical Policy			
	up to and including 300	'		https://medicalpolicy.bcbsnm.com/			
	pounds			home.html			
K0816	Power wheelchair, group 1	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, captain's chair,	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	patient weight capacity up to	necessity.		BCBSNM Medical Policy			
	and including 300 pounds			https://medicalpolicy.bcbsnm.com/			
				home.html			
K0820	Power wheelchair, group 2	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, portable,	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	sling/solid seat/back, patient	necessity.		BCBSNM Medical Policy			
	weight capacity up to and			https://medicalpolicy.bcbsnm.com/			
	including 300 pounds			home.html			
K0821	Power wheelchair, group 2	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, portable, captain's	care, and documentation of medical	Equipment	MCG		Accessories	9/1/2019
	chair, patient weight capacity	necessity.		BCBSNM Medical Policy			
	up to and including 300			https://medicalpolicy.bcbsnm.com/			
	pounds			home.html			
K0822	POWER WHEELCHAIR,	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	GROUP 2 STANDARD,	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	SLING/SOLID SEAT/BACK,	limitations as they relate to the		BCBSNM Medical Policy			
	PATIENT WEIGHT CAPACITY	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	UP TO AND INCLUDING 300	independence/ dependence,		home.html			
	POUNDS	frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0823		History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, captain's chair,	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
		limitations as they relate to the		BCBSNM Medical Policy			
	and including 300 pounds	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
V0024	Para established a company	medical condition. Pas	Dlila Mardinal	No. Admin Administrative C. I	DN45404-043	Mark and also decreased	Added a death
K0824	Power wheelchair, group 2	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	heavy-duty, sling/solid	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	seat/back, patient weight	limitations as they relate to the		BCBSNM Medical Policy			
	capacity 301 to 450 pounds	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					

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

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

K0838	Power wheelchair, group 2	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	heavy-duty, single power	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	option, captain's chair,	limitations as they relate to the		BCBSNM Medical Policy			-, -,
	patient weight capacity 301	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	to 450 pounds	independence/ dependence,		home.html			
	to 430 pourius	frequency and nature of the activities		nome.num			
		the patient performs), duration of					
		medical condition. Pas					
K0839	Power wheelchair, group 2	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	very heavy-duty, single	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	power option sling/solid	limitations as they relate to the		BCBSNM Medical Policy			-, -,
	seat/back, patient weight	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	capacity 451 to 600 pounds	independence/ dependence,		home.html			
	capacity 431 to 600 pounds	frequency and nature of the activities		nome.num			
		the patient performs), duration of					
		medical condition. Pas					
K0840	Power wheelchair, group 2	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	extra heavy-duty, single	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	power option, sling/solid	limitations as they relate to the		BCBSNM Medical Policy			-, -,
	seat/back, patient weight	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	1 ' ''	independence/ dependence,		home.html			
	capacity ser peanes or more	frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0841	Power wheelchair, group 2	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, multiple power	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	option, sling/solid seat/back,	limitations as they relate to the		BCBSNM Medical Policy			
	patient weight capacity up to	•		https://medicalpolicy.bcbsnm.com/			
	and including 300 pounds	independence/ dependence,		home.html			
	J	frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0842	Power wheelchair, group 2		Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, multiple power	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	option, captain's chair,	limitations as they relate to the		BCBSNM Medical Policy			
	patient weight capacity up to	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	and including 300 pounds	independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					

K0843	Power wheelchair, group 2	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	heavy-duty, multiple power	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	option, sling/solid seat/back,	limitations as they relate to the	' '	BCBSNM Medical Policy			' '
	patient weight capacity 301	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	to 450 pounds	independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0848	POWER WHEELCHAIR,	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	GROUP 3 STANDARD,	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	SLING/SOLID SEAT/BACK,	limitations as they relate to the		BCBSNM Medical Policy			
	PATIENT WEIGHT CAPACITY	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
	UP TO AND INCLUDING 300	independence/ dependence,		home.html			
	POUNDS	frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0849	Power wheelchair, group 3	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	standard, captains chair,	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	patient weight capacity up to	limitations as they relate to the		BCBSNM Medical Policy			
	and including 300 pounds	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
] "	independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0850	Power wheelchair, group 3	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	heavy-duty, sling/solid	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	seat/back, patient weight	limitations as they relate to the		BCBSNM Medical Policy			
	capacity 301 to 450 pounds	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas					
K0851	Power wheelchair, group 3	History and physical to Include the	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	heavy-duty, captain's chair,	following: diagnosis; abilities and	Equipment	MCG		Accessories	9/1/2019
	patient weight capacity 301	limitations as they relate to the		BCBSNM Medical Policy			
	to 450 pounds	equipment (e.g., degree of		https://medicalpolicy.bcbsnm.com/			
		independence/ dependence,		home.html			
		frequency and nature of the activities					
		the patient performs), duration of					
		medical condition. Pas			1		

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

standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds K0858 Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds 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 History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment Equipment MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html New Mexico Administrative Code BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	Accessories Wheelchairs and Accessories	9/1/2019 Added prior to 9/1/2019
patient weight capacity up to and including 300 pounds equipment (e.g., degree of independence, dependence, frequency and nature of the activities the patient performs), duration of medical condition. Pas K0858 Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds equipment (e.g., degree of independence, frequency and nature of the activities pounds https://medicalpolicy.bcbsnm.com/ home.html https://medicalpolicy.bcbsnm.com/ home.html https://medicalpolicy.bcbsnm.com/ home.html		· · · · · · · · · · · · · · · · · · ·
and including 300 pounds independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition. Pas K0858 Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds independence/ dependence, frequency and nature of the activities patient weight 301 to 450 independence/ dependence, frequency and nature of the activities independence, ndependence, frequency and nature of the activities independence ind		· · · · · · · · · · · · · · · · · · ·
and including 300 pounds independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition. Pas Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds frequency and nature of the activities		· · · · · · · · · · · · · · · · · · ·
frequency and nature of the activities the patient performs), duration of medical condition. Pas Rossa Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds frequency and nature of the activities frequency and nat		· · · · · · · · · · · · · · · · · · ·
the patient performs), duration of medical condition. Pas Ross Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds pounds pounds the patient performs), duration of medical condition. Pas Durable Medical Durable Medical New Mexico Administrative Code DME101.0		· · · · · · · · · · · · · · · · · · ·
Medical condition. Pas K0858 Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds pounds medical condition. Pas 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 in medical condition. Pas Durable Medical MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html		· · · · · · · · · · · · · · · · · · ·
RO858 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, frequency and nature of the activities in Durable Medical MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html		· · · · · · · · · · · · · · · · · · ·
option, sling/solid seat/back, patient weight 301 to 450 pounds limitations as they relate to the equipment (e.g., degree of independence, frequency and nature of the activities limitations as they relate to the equipment (e.g., degree of https://medicalpolicy.bcbsnm.com/home.html	Accessories	9/1/2019
patient weight 301 to 450 equipment (e.g., degree of pounds independence, frequency and nature of the activities https://medicalpolicy.bcbsnm.com/ home.html		
pounds independence/ dependence, home.html frequency and nature of the activities		
pounds independence/ dependence, home.html frequency and nature of the activities		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
the patient performs), duration of		
	1	
medical condition. Pas		
K0859 Power wheelchair, group 3 History and physical to Include the Durable Medical New Mexico Administrative Code DME101.0	010 Wheelchairs and	Added prior to
heavy-duty, single power following: diagnosis; abilities and Equipment MCG	Accessories	9/1/2019
option, captain's chair, limitations as they relate to the BCBSNM Medical Policy		
patient weight capacity 301 equipment (e.g., degree of https://medicalpolicy.bcbsnm.com/		
to 450 pounds independence/ dependence, home.html		
frequency and nature of the activities		
the patient performs), duration of		
medical condition. Pas		
K0860 Power wheelchair, group 3 History and physical to Include the Durable Medical New Mexico Administrative Code DME101.0	010 Wheelchairs and	Added prior to
very heavy-duty, single following: diagnosis; abilities and Equipment MCG	Accessories	9/1/2019
power option, sling/solid limitations as they relate to the BCBSNM Medical Policy		
seat/back, patient weight equipment (e.g., degree of https://medicalpolicy.bcbsnm.com/		
capacity 451 to 600 pounds independence/ dependence, home.html		
frequency and nature of the activities		
the patient performs), duration of		
medical condition. Pas		
K0861 POWER WHEELCHAIR, History and physical to Include the Durable Medical New Mexico Administrative Code DME101.0	010 Wheelchairs and	Added prior to
GROUP 3 STANDARD, following: diagnosis; abilities and Equipment MCG	Accessories	9/1/2019
MULTIPLE POWER OPTION, limitations as they relate to the BCBSNM Medical Policy		
SLING/SOLID SEAT/BACK, equipment (e.g., degree of https://medicalpolicy.bcbsnm.com/		
PATIENT WEIGHT CAPACITY independence/ dependence, home.html		
UP TO AND INCLUDING 300 frequency and nature of the activities		
POUNDS the patient performs), duration of		
medical condition, Pas		

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	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	Added prior to 9/1/2019
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	Added prior to 9/1/2019
к0868	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	Added prior to 9/1/2019
к0869	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	Added prior to 9/1/2019

K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
	capacity 301 to 450 pounds	equipment (e.g., degree of independence/ dependence, frequency and nature of the activities		https://medicalpolicy.bcbsnm.com/ home.html			
		the patient performs), duration of medical condition. Pas					
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,	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
		frequency and nature of the activities the patient performs), duration of medical condition. Pas					
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	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	medical condition. Pas 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
К0879	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
к0880	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	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	medical condition. Pas History and physical to Include the following: diagnosis; abilities and limitations as they relate to the	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
к0890	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
К0891	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
К0898	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	History and physical or clinical notes,	Durable Medical	New Mexico Administrative Code	DME101.010	Wheelchairs and	Added prior to
	coded by DME PDAC or does	including anticipated length of use.	Equipment	MCG		Accessories	9/1/2019
	not meet criteria			BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
L1499	Spinal orthotic, not	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME103.001	Orthotics	Added prior to
	otherwise specified	length of time equipment needed,	Equipment	MCG			9/1/2019
		functional status if applicable and		BCBSNM Medical Policy			
		description of medical condition.		https://medicalpolicy.bcbsnm.com/			
		-		home.html			
L2999	Lower extremity orthoses,	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME103.001	Orthotics	Added prior to
	not otherwise specified	length of time equipment needed,	Equipment	MCG	DME103.008	Powered Exoskeleton	9/1/2019
		functional status if applicable and		BCBSNM Medical Policy		for Ambulation in	
		description of medical condition.		https://medicalpolicy.bcbsnm.com/		Patients With Lower-	
				home.html		Limb Disabilities	
L3999	UPPER LIMB ORTHOSIS, NOT	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME103.001	Orthotics	Added prior to
	OTHERWISE SPECIFIED	length of time equipment needed,	Equipment	MCG			9/1/2019
		functional status if applicable and		BCBSNM Medical Policy			
		description of medical condition.		https://medicalpolicy.bcbsnm.com/			
L5200	Above knee, molded socket,	Letter of Medical Necessity including	Durable Medical	home.html New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
L5200	· ·	'		MCG	DIVIE104.012	Prosthetics, Including	9/1/2019
	single axis constant friction knee, shin, sach foot	length of time equipment needed, functional status if applicable and	Equipment	BCBSNM Medical Policy		Microprocessor-	9/1/2019
	knee, shiii, sach toot	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
		description of medical condition.		home.html		Controlled Prostrictics	
L5210	Above knee, short	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	prosthesis, no knee joint	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	(stubbies), with foot blocks,	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	no ankle joints, each	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	,	·		home.html			
L5220	Above knee, short	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	prosthesis, no knee joint	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	(stubbies), with articulated	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	ankle/foot, dynamically	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	aligned, each			home.html			
L5230	Above knee, for proximal	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	femoral focal deficiency,	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	constant friction knee, shin,	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	sach foot	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
15045	1/2 D 1/2 C 1/2			home.html	D. 4540: 5:5		
L5312	Knee disarticulation (or	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	through knee), molded	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	socket, single axis knee,	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	pylon, sach foot,	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	endoskeletal system	ļ	<u> </u>	home.html		ļ	l

L5400	Immediate postsurgical or	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
23 100	early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast	length of time equipment needed, functional status if applicable and description of medical condition.	Equipment	MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	5WE10 1101E	Prosthetics, Including Microprocessor- Controlled Prosthetics	9/1/2019
L5420	change, below knee 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
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	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

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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
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/hemipelvecto my, 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,	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	endoskeletal system, above	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	knee, knee disarticulation, 4-	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	-, -,
	bar linkage, with hydraulic	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	swing phase control	accompanding in the area is contained in		home.html			
L5614	Addition to lower extremity,	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	exoskeletal system, above	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	knee-knee disarticulation, 4	functional status if applicable and	' '	BCBSNM Medical Policy		Microprocessor-	
	bar linkage, with pneumatic	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	swing phase control			home.html			
L5616	Addition to lower extremity,	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	endoskeletal system, above	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	knee, universal multiplex	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	system, friction swing phase	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	control	·		home.html			
L5643	Addition to lower extremity,	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	hip disarticulation, flexible	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	inner socket, external frame	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
		description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
				home.html			
L5700	Replacement, socket, below	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	knee, molded to patient	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	model	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
		description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
				home.html			
L5703	Ankle, Symes, molded to	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	patient model, socket	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	without solid ankle cushion	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	heel (SACH) foot,	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	replacement only			home.html			
L5707	Custom shaped protective	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	cover, hip disarticulation	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
		functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
		description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	1			home.html			
L5780	Addition, exoskeletal knee-	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	shin system, single axis,	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	pneumatic/hydra pneumatic	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	swing phase control	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	A 1 199			home.html	D14540: 5:5		
L5781	Addition to lower limb	Letter of Medical Necessity including	Durable Medical	New Mexico Administrative Code	DME104.012	Lower-Limb	Added prior to
	prosthesis, vacuum pump,	length of time equipment needed,	Equipment	MCG		Prosthetics, Including	9/1/2019
	residual limb volume	functional status if applicable and		BCBSNM Medical Policy		Microprocessor-	
	management and moisture	description of medical condition.		https://medicalpolicy.bcbsnm.com/		Controlled Prosthetics	
	evacuation system			home.html			

L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	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
L5830	Addition, endoskeletal knee- shin system, single axis, 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
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, 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
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	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/	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
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	home.html New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	DME104.012	Lower-Limb	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/	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
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	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
L6638	Upper extremity addition to prosthesis, electric locking	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	elbow/above elbow, custom	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
L6721	Terminal device, hook or hand, heavy duty,	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
L6722	1 ' '	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
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	•	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
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	myoelectric controlled,	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	, , , ,	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

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	l ''	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		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	SUR712.033 MED205.036 SUR710.018 SUR712.021		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	MCG	SUR712.033 MED205.036 SUR712.021		Added prior to 9/1/2019

L8683	Radiofrequency transmitter	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	SUR712.033	Occipital Nerve	Added prior to
10003	' '	, , , , ,			MED205.036	· '	9/1/2019
	1, ,	l '	Equipment				9/1/2019
	implantable neurostimulator	necessity.		BCBSNM Medical Policy	SUR712.021	Peripheral Nerve	
	radiofrequency receiver			https://medicalpolicy.bcbsnm.com/		Stimulation (PNS) And	
				home.html		Peripheral Nerve Field	
						Stimulation (PNFS)	
						Vagus Nerve	
						Stimulation (VNS)	
L8684	Radiofrequency transmitter	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	SUR712.033	Occipital Nerve	Added prior to
	(external) for use with	care, and documentation of medical	Equipment	MCG		Stimulation	9/1/2019
	implantable sacral root	necessity.		BCBSNM Medical Policy			
	neurostimulator receiver for	,		https://medicalpolicy.bcbsnm.com/			
	bowel and bladder			home.html			
	management, replacement						
L8685	Implantable neurostimulator	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	SUR712.025	Deep Brain	Added prior to
	pulse generator, single array,	care, and documentation of medical	Equipment	MCG	SUR709.031	Stimulation (DBS)	9/1/2019
	rechargeable, includes	necessity.		BCBSNM Medical Policy	SUR712.033	Gastric Electrical	
	extension			https://medicalpolicy.bcbsnm.com/	MED205.036	Stimulation (GES)	
				home.html	SUR710.018	Occipital Nerve	
					SUR712.009	Stimulation	
					SUR712.021	Peripheral Nerve	
						Stimulation (PNS) And	
						Peripheral Nerve Field	
						Stimulation (PNFS)	
						Sacral Nerve	
						Neuromodulation/Sti	
						mulation	
						Spinal Cord	
						Stimulation (SCS) and	
						Dorsa	
						20.30	

19697	Implantable neurostimulator	Pocent history and physical plan of	Durable Medical	New Maxica Administrative Code	SLID712 02F	Doon Brain	Added prior to
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	1	Added prior to 9/1/2019
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		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	MCG	SUR712.033 MED205.036 SUR712.021	-	Added prior to 9/1/2019

L8691	Auditory osseointegrated	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	SUR714.003	Implantable Bone-	Added prior to
	device, external sound	care, and documentation of medical	Equipment	MCG		Conduction and Bone-	I
	processor, replacement	necessity.	' '	BCBSNM Medical Policy		Anchored Hearing	
	, ., .,			https://medicalpolicy.bcbsnm.com/		Aids	
				home.html			
L8692	Auditory osseointegrated	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	DME104.001	1 1 1	Added prior to
	device, external sound	care, and documentation of medical	Equipment	MCG		Prosthesis, Including	9/1/2019
	processor, used without	necessity.		BCBSNM Medical Policy		Myoelectric and	
	osseointegration, body worn,			https://medicalpolicy.bcbsnm.com/		Orthotic Components,	
	includes headband or other			home.html		and Other Prosthetics	
	means of external					Except for Lower-Limb	
	attachment					Prosthesis	
Q2041	Yescarta (axicabtagene	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	CAR-T therapies	Added prior to
1	ciloleucel)	care, and documentation of medical		MCG			9/1/2019
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
Q2042	Tisagenlecleucel, Kymriah	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	CAR-T therapies	11/20/2021
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
Q2053	Brexucabtagene autoleucel,	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	CAR-T therapies	11/20/2021
	Tecartus	care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
Q2054	Lisocabtagene maraleucel	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	CAR-T therapies	11/20/2021
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
02055	Ideach and Alberta	Latter of an altertant and the table	CDU	home.html	DV502.001	CAR Tillian i	A data d 7 /4 /2 4
Q2055	Idecabtagene vicleucel,	Letter of medical necessity, including	SRU	New Mexico Administrative Code	RX502.061	CAR-T therapies	Added 7/1/24,
	Abecma	condition being treated.		MCG			replaced C9081
				BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
02056	Cileanhannan	Decembrished and all street at the Co	CDU	home.html	DVE02 064	CAD T the area in a	A d d a d A /4 /2022
Q2056	Ciltacabtagene autoleucel	Recent history and physical, plan of	SRU	New Mexico Administrative Code	RX502.061	CAR-T therapies	Added 4/1/2023
		care, and documentation of medical		MCG			
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			

Q4106	Dermagraft skin sub	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added 1/1/2023
Q4112	Cymetra, injectable, 1cc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	home.html New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/	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
Q4131	Epifix, per square centimeter (Human amniotic membrane allograft)	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	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added prior to 9/1/2019
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	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	10/11/2021
				https://medicalpolicy.bcbsnm.com/ home.html			
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
S0265	Genetic counseling, under physician supervision, each 15 minutes	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band includes placement of subcutaneous port	Recent history and physical, plan of care, and documentation of medical necessity.	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
S2085	Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (less than 100 cm) roux-en-y gastroenterostomy	Recent history and physical, plan of care, and documentation of medical necessity.	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
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		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		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	Carelon - https://providerportal.com/	Radiology	https://guidelines.carelonmedicalb	Carelon	Carelon	Added 1/1/2021
	cholangiopancreatography	or 1-800-859-5299		enefitsmanagement.com/			
	(mrcp)			_			
S9473	Pulmonary rehabilitation	Recent history and physical, plan of	Musculoskeletal	New Mexico Administrative Code	THE803.025	Pulmonary	Added prior to
	program, nonphysician	care, and documentation of medical		MCG		Rehabilitation	9/1/2019
	provider, per diem	necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
T1002	Rn services, up to 15 minutes	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
		care, NFLOC, and documentation of		NMAC			9/1/2019
		medical necessity.		Managed Care Policy Manual			
T1003	Lpn/lvn services, up to 15	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
	minutes	care, NFLOC, and documentation of		NMAC			9/1/2019
		medical necessity.		Managed Care Policy Manual			
T1019	Personal care services, per	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
	15 minutes, not for an	care, NFLOC, and documentation of		NMAC			9/1/2019
	inpatient or resident of a	medical necessity.		Managed Care Policy Manual			
	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						
T2031	Assisted living; waiver, per	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
	diem	care, NFLOC, and documentation of		NMAC			9/1/2019
		medical necessity.		Managed Care Policy Manual			
T2038	Community transition,	Recent History and Physical, plan of	LTSS	NFLOC Criteria and Instructions	N/A	N/A	Added prior to
	waiver; per service	care, NFLOC, and documentation of		NMAC			9/1/2019
		medical necessity.		Managed Care Policy Manual			
T5999	Supply, not otherwise	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	Multiple	Multiple Options	Added prior to
	specified	care, and documentation of medical	Equipment	MCG	Options		9/1/2019
		necessity.		BCBSNM Medical Policy			
				https://medicalpolicy.bcbsnm.com/			
				home.html			
V5010	Assessment for hearing aid	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
		condition being treated.	Equipment	MCG		Hearing Appliances,	9/1/2019
				BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	

V5090	Dispensing fee, unspecified	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
	hearing aid	condition being treated.	Equipment	MCG		Hearing Appliances,	9/1/2019
				BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	
V5095	SEMI-IMPLANTABLE MIDDLE	History and physical, operative report.	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
	EAR HEARING PROSTHESIS		Equipment	MCG		Hearing Appliances,	9/1/2019
				BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	
V5130	Binaural, in the ear	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
		condition being treated.	Equipment	MCG		Hearing Appliances,	9/1/2019
		-		BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	
V5140	Binaural, behind the ear	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
		condition being treated.	Equipment	MCG		Hearing Appliances,	9/1/2019
		-		BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	
V5180	Hearing aid, cros, behind the	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
	ear	condition being treated.	Equipment	MCG		Hearing Appliances,	9/1/2019
		· ·		BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	
V5200	Dispensing fee, cros	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
		condition being treated.	Equipment	MCG		Hearing Appliances,	9/1/2019
		-		BCBSNM Medical Policy		Durable Medical	
				https://medicalpolicy.bcbsnm.com/		Equipment, Oxygen,	
				home.html		Medical Supplies,	
						Prosthetics and	
						Orthotics.	
				ļ.		OTHIOLICS.	

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		Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and	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	Orthotics. 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
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 hipaural	Letter of medical necessity, including	Durable Medical	New Mexico Administrative Code	NMAC 8.324.5	Vision Appliances,	Added prior to
V326U	Hearing aid, digital, binaural, ite	condition being treated.	Equipment	MCG BCBSNM Medical Policy https://medicalpolicy.bcbsnm.com/ home.html	NIWIAC 8.324.3	Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	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
H0019	Accredited Residential Treatment -ASAM 3.3/ASAM 3.2/ASAM 3.1	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0010	Accredited Residential Treatment - Detoxification	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

97153	ABA Adaptive Behavioral	For New Mexico Centennial Service	Behavioral Health	Centennial Care Behavioral Health		Added prior to
	Treatment by Protocol	Request, please complete and submit		Level of Care Guidelines		9/1/2019
		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				
0373T	ADAPT BHV TX EA 15 MIN	For New Mexico Centennial Service	Behavioral Health	Centennial Care Behavioral Health		Added prior to
		Request, please complete and submit		Level of Care Guidelines		9/1/2019
		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				