Excellus

A nonprofit independent licensee of the BlueCross BlueShield Association

eviCore healthcare innovative solutions

February 1, 2021

eviCore healthcare Services and Codes

CLINICAL REVIEW PREAUTHORIZATION LIST

The following services require clinical review preauthorization for commercial managed products, Medicare, Medicaid and Child Health Plus and certain PPO products. Please review the column that applies to the member's specific health benefit program regardless of place of service.

IMPORTANT

This list represents those services that require preauthorization with a clinical medical necessity review. It is NOT inclusive of all insurance products and procedures requiring preauthorization. There may be services which require preauthorization / notification that do not require clinical review. Please verify specific coverage requirements before rendering service. These services require preauthorization regardless of place of service.

Services for Musculoskeletal (MSK) require prior authorization via eviCore.
This service will exclude all Self Funded Membership and Safety Net including Essential Plans.
Authorizations via eviCore is required for:
Fully Insured Commercial and Managed Medicare Policies

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

Phone Requests **Phone: 1-866-889-8056**
Monday through Friday from 7:00 a.m. – 7:00 p.m.

Internet Request: **www.ExcellusBCBS.com/Provider**
Using the Excellus single sign on requirements.

Fax Requests **Fax: 1-866-466-6964**
Forms to fax preauthorization requests will be made available at www.eviCore.com

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
Radiology: CT Scans			
70450	Required	Required	Required
70460	Required	Required	Required
70470	Required	Required	Required
70480	Required	Required	Required
70481	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
70482	Required	Required	Required
70486	Required	Required	Required
70487	Required	Required	Required
70488	Required	Required	Required
70490	Required	Required	Required
70491	Required	Required	Required
70492	Required	Required	Required
70496	Required	Required	Required
70498	Required	Required	Required
71250	Required	Required	Required
71260	Required	Required	Required
71270	Required	Required	Required
71275	Required	Required	Required
72125	Required	Required	Required
72126	Required	Required	Required
72127	Required	Required	Required
72128	Required	Required	Required
72129	Required	Required	Required
72130	Required	Required	Required
72131	Required	Required	Required
72132	Required	Required	Required
72133	Required	Required	Required
73191	Required	Required	Required
72192	Required	Required	Required
72193	Required	Required	Required
72194	Required	Required	Required
73200	Required	Required	Required
73201	Required	Required	Required
73202	Required	Required	Required
73206	Required	Required	Required
73700	Required	Required	Required
73701	Required	Required	Required
73702	Required	Required	Required
73706	Required	Required	Required
74150	Required	Required	Required
74160	Required	Required	Required
74170	Required	Required	Required
74174	Required	Required	Required
74176	Required	Required	Required
74177	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
74178	Required	Required	Required
74261	Required	Required	Required
74262	Required	Required	Required
74263	Required	Required	Required
75571	Required	Required	Required
75572	Required	Required	Required
75573	Required	Required	Required
75574	Required	Required	Required
75635	Required	Required	Required
76380	Required	Required	Required
77078	Required	Required	Required
0042T	Required	Required	Required
71271	Required	Required	Required
Radiology: MRA's MRI's			
70336	Required	Required	Required
70540	Required	Required	Required
70542	Required	Required	Required
70543	Required	Required	Required
70544	Required	Required	Required
70545	Required	Required	Required
70546	Required	Required	Required
70547	Required	Required	Required
70548	Required	Required	Required
70549	Required	Required	Required
70551	Required	Required	Required
70552	Required	Required	Required
70553	Required	Required	Required
70554	Required	Required	Required
70555	Required	Required	Required
71550	Required	Required	Required
71551	Required	Required	Required
71552	Required	Required	Required
71555	Required	Required	Required
72141	Required	Required	Required
72142	Required	Required	Required
72146	Required	Required	Required
72147	Required	Required	Required
72148	Required	Required	Required
72149	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
72156	Required	Required	Required
72157	Required	Required	Required
72158	Required	Required	Required
72159	Required	Required	Required
72195	Required	Required	Required
72196	Required	Required	Required
72197	Required	Required	Required
72198	Required	Required	Required
73218	Required	Required	Required
73219	Required	Required	Required
73220	Required	Required	Required
73221	Required	Required	Required
73222	Required	Required	Required
73223	Required	Required	Required
73225	Required	Required	Required
73718	Required	Required	Required
73719	Required	Required	Required
73720	Required	Required	Required
73721	Required	Required	Required
73722	Required	Required	Required
73723	Required	Required	Required
73725	Required	Required	Required
74181	Required	Required	Required
74182	Required	Required	Required
74183	Required	Required	Required
74185	Required	Required	Required
74712	Required	Required	Required
74713	Required	Required	Required
75557	Required	Required	Required
75561	Required	Required	Required
75563	Required	Required	Required
75565	Required	Required	Required
76390	Required	Required	Required
76391	Required	Required	Required
77021	Required	Required	Required
77022	Required	Required	Required
77046	Required	Required	Required
77047	Required	Required	Required
77048	Required	Required	Required
77049	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
77084	Required	Required	Required
Radiology: PET Scans			
78429	Required	Required	Required
78430	Required	Required	Required
78431	Required	Required	Required
78432	Required	Required	Required
78433	Required	Required	Required
78434	Required	Required	Required
78459	Required	Required	Required
78491	Required	Required	Required
78492	Required	Required	Required
78608	Required	Required	Required
78609	Required	Required	Required
78811	Required	Required	Required
78812	Required	Required	Required
78813	Required	Required	Required
78814	Required	Required	Required
78815	Required	Required	Required
78816	Required	Required	Required
G0219	Required	Required	Required
CCTA			
0503T	Required	Required	Required
Radiology: Nuclear Medicine			
78015	Required	Required	Required
78018	Required	Required	Required
78020	Required	Required	Required
78071	Required	Required	Required
78072	Required	Required	Required
78075	Required	Required	Required
78102	Required	Required	Required
78104	Required	Required	Required
78140	Required	Required	Required
78185	Required	Required	Required
78195	Required	Required	Required
78201	Required	Required	Required
78215	Required	Required	Required
78216	Required	Required	Required
78226	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
78227	Required	Required	Required
78231	Required	Required	Required
78258	Required	Required	Required
78261	Required	Required	Required
78264	Required	Required	Required
78265	Required	Required	Required
78266	Required	Required	Required
78278	Required	Required	Required
78290	Required	Required	Required
78291	Required	Required	Required
78300	Required	Required	Required
78305	Required	Required	Required
78306	Required	Required	Required
78315	Required	Required	Required
78445	Required	Required	Required
78451	Required	Required	Required
78452	Required	Required	Required
78453	Required	Required	Required
78454	Required	Required	Required
78466	Required	Required	Required
78469	Required	Required	Required
78472	Required	Required	Required
78473	Required	Required	Required
78481	Required	Required	Required
78483	Required	Required	Required
78494	Required	Required	Required
78496	Required	Required	Required
78579	Required	Required	Required
78580	Required	Required	Required
78582	Required	Required	Required
78597	Required	Required	Required
78598	Required	Required	Required
78605	Required	Required	Required
78606	Required	Required	Required
78630	Required	Required	Required
78645	Required	Required	Required
78650	Required	Required	Required
78700	Required	Required	Required
78701	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
78707	Required	Required	Required
78708	Required	Required	Required
78709	Required	Required	Required
78710	Required	Required	Required
78725	Required	Required	Required
78730	Required	Required	Required
78740	Required	Required	Required
78761	Required	Required	Required
78800	Required	Required	Required
78801	Required	Required	Required
78802	Required	Required	Required
78803	Required	Required	Required
78804	Required	Required	Required
78830	Required	Required	Required
78831	Required	Required	Required
78832	Required	Required	Required
Cardiac Implantable Devices			
33206	Required	Required	Required
33207	Required	Required	Required
33208	Required	Required	Required
33212	Required	Required	Required
33213	Required	Required	Required
33214	Required	Required	Required
33221	Required	Required	Required
33224	Required	Required	Required
33225	Required	Required	Required
33227	Required	Required	Required
33228	Required	Required	Required
33229	Required	Required	Required
33230	Required	Required	Required
33231	Required	Required	Required
33240	Required	Required	Required
33249	Required	Required	Required
33262	Required	Required	Required
33263	Required	Required	Required
33264	Required	Required	Required
33270	Required	Required	Required
33274	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
33275	Required	Required	Required
33289	Required	Required	Required
0515T	Required	Required	Required
0516T	Required	Required	Required
0517T	Required	Required	Required
0519T	Required	Required	Required
0520T	Required	Required	Required
0571T	Required	Required	Required
0572T	Required	Required	Required
Radiation Therapy: Brachy			
0394T	Required	Required	Required
0395T	Required	Required	Required
77750	Required	Required	Required
77761	Required	Required	Required
77762	Required	Required	Required
77763	Required	Required	Required
77767	Required	Required	Required
77768	Required	Required	Required
77770	Required	Required	Required
77771	Required	Required	Required
77772	Required	Required	Required
77778	Required	Required	Required
Radiation Therapy: Stereo			
77371	Required	Required	Required
77372	Required	Required	Required
77373	Required	Required	Required
G0339	Required	Required	Required
G0340	Required	Required	Required
Radiation Therapy: IMRT			
77385	Required	Required	Required
77386	Required	Required	Required
G6015	Required	Required	Required
G6016	Required	Required	Required
Radiation Therapy: Neutron			
77423	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
Radiation Therapy: IORT			
77424	Required	Required	Required
77425	Required	Required	Required
Radiation Therapy: PROTON			
77520	Required	Required	Required
77522	Required	Required	Required
77523	Required	Required	Required
77525	Required	Required	Required
Radiation Therapy: Hyperthermia			
77600	Required	Required	Required
77605	Required	Required	Required
77610	Required	Required	Required
77615	Required	Required	Required
77620	Required	Required	Required
Radiation Therapy: Delivery			
77401	Required	Required	Required
77402	Required	Required	Required
77407	Required	Required	Required
77412	Required	Required	Required
77417	Required	Required	Required
G6003	Required	Required	Required
G6004	Required	Required	Required
G6005	Required	Required	Required
G6006	Required	Required	Required
G6007	Required	Required	Required
G6008	Required	Required	Required
G6009	Required	Required	Required
G6010	Required	Required	Required
G6011	Required	Required	Required
G6012	Required	Required	Required
G6013	Required	Required	Required
G6014	Required	Required	Required
G6016	Required	Required	Required
G6017	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
Radiation Therapy: Guidance			
77014	Required	Required	Required
77387	Required	Required	Required
G6001	Required	Required	Required
G6002	Required	Required	Required
Radiation Therapy: Radiopharm			
79005	Required	Required	Required
79101	Required	Required	Required
79403	Required	Required	Required
A9513	Required	Required	Required
A9543	Required	Required	Required
A9590	Required	Required	Required
A9606	Required	Required	Required
Radiation Therapy: Ancillary Codes			
76873	Required	Required	Required
77261	Required	Required	Required
77262	Required	Required	Required
77263	Required	Required	Required
77280	Required	Required	Required
77285	Required	Required	Required
77290	Required	Required	Required
77293	Required	Required	Required
77295	Required	Required	Required
77300	Required	Required	Required
77301	Required	Required	Required
77306	Required	Required	Required
77307	Required	Required	Required
77316	Required	Required	Required
77317	Required	Required	Required
77318	Required	Required	Required
77321	Required	Required	Required
77331	Required	Required	Required
77332	Required	Required	Required
77333	Required	Required	Required
77334	Required	Required	Required

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
77336	Required	Required	Required
77338	Required	Required	Required
77370	Required	Required	Required
77371	Required	Required	Required
77427	Required	Required	Required
77431	Required	Required	Required
77432	Required	Required	Required
77435	Required	Required	Required
77470	Required	Required	Required
77789	Required	Required	Required
77790	Required	Required	Required
G6017	Required	Required	Required
S2095	Required	Required	Required
MSK: Musculoskeletal: Joint		***Required Requests are handled by (CareAdvance Provider)**	**Managed Medicaid excluded from eviCore MSK**
S2118	Required	Not Required	*Excluded*
23000	Required	Not Required	*Excluded*
23020	Required	Not Required	*Excluded*
23120	Required	Not Required	*Excluded*
23130	Required	Not Required	*Excluded*
23410	Required	Not Required	*Excluded*
23412	Required	Not Required	*Excluded*
23415	Required	Not Required	*Excluded*
23420	Required	Not Required	*Excluded*
23430	Required	Not Required	*Excluded*
23440	Required	Not Required	*Excluded*
23450	Required	Not Required	*Excluded*
23455	Required	Not Required	*Excluded*
23460	Required	Not Required	*Excluded*
23462	Required	Not Required	*Excluded*
23465	Required	Not Required	*Excluded*
23466	Required	Not Required	*Excluded*
23470	Required	Required*	*Excluded*
23472	Required	Required*	*Excluded*
23474	Required	Not Required	*Excluded*
27125	Required	Not Required	*Excluded*
27130	Required	Required*	*Excluded*
27132	Required	Required*	*Excluded*

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
27134	Required	Not Required	*Excluded*
27137	Required	Not Required	*Excluded*
27138	Required	Not Required	*Excluded*
27332	Required	Not Required	*Excluded*
27333	Required	Not Required	*Excluded*
27334	Required	Not Required	*Excluded*
27335	Required	Not Required	*Excluded*
27403	Required	Not Required	*Excluded*
27412	Required	Not Required	*Excluded*
27415	Required	Not Required	*Excluded*
27416	Required	Not Required	*Excluded*
27418	Required	Not Required	*Excluded*
27420	Required	Not Required	*Excluded*
27422	Required	Not Required	*Excluded*
27424	Required	Not Required	*Excluded*
27425	Required	Not Required	*Excluded*
27427	Required	Not Required	*Excluded*
27428	Required	Not Required	*Excluded*
27429	Required	Not Required	*Excluded*
27430	Required	Not Required	*Excluded*
27438	Required	Not Required	*Excluded*
27440	Required	Not Required	*Excluded*
27441	Required	Not Required	*Excluded*
27442	Required	Not Required	*Excluded*
27443	Required	Not Required	*Excluded*
27446	Required	Required*	*Excluded*
27447	Required	Required*	*Excluded*
27486	Required	Not Required	*Excluded*
27487	Required	Not Required	*Excluded*
29805	Required	Not Required	*Excluded*
29806	Required	Not Required	*Excluded*
29807	Required	Not Required	*Excluded*
29819	Required	Not Required	*Excluded*
29820	Required	Not Required	*Excluded*
29821	Required	Not Required	*Excluded*
29822	Required	Not Required	*Excluded*
29823	Required	Not Required	*Excluded*
29824	Required	Not Required	*Excluded*
29825	Required	Not Required	*Excluded*
29826	Required	Not Required	*Excluded*

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
29827	Required	Not Required	*Excluded*
29828	Required	Not Required	*Excluded*
29860	Required	Not Required	*Excluded*
29861	Required	Not Required	*Excluded*
29862	Required	Not Required	*Excluded*
29863	Required	Not Required	*Excluded*
29866	Required	Not Required	*Excluded*
29867	Required	Not Required	*Excluded*
29868	Required	Not Required	*Excluded*
29870	Required	Not Required	*Excluded*
29871	Required	Not Required	*Excluded*
29873	Required	Not Required	*Excluded*
29874	Required	Not Required	*Excluded*
29875	Required	Not Required	*Excluded*
29876	Required	Not Required	*Excluded*
29877	Required	Not Required	*Excluded*
29879	Required	Not Required	*Excluded*
29880	Required	Not Required	*Excluded*
29881	Required	Not Required	*Excluded*
29882	Required	Not Required	*Excluded*
29883	Required	Not Required	*Excluded*
29884	Required	Not Required	*Excluded*
29885	Required	Not Required	*Excluded*
29886	Required	Not Required	*Excluded*
29887	Required	Not Required	*Excluded*
29888	Required	Not Required	*Excluded*
29889	Required	Not Required	*Excluded*
29914	Required	Not Required	*Excluded*
29915	Required	Not Required	*Excluded*
29916	Required	Not Required	*Excluded*
MSK: Interventional Pain		***Required Requests are handled by (CareAdvance Provider)**	**Managed Medicaid excluded from eviCore MSK**
0213T	Required	Not Required	*Excluded*
0214T	Required	Not Required	*Excluded*
0215T	Required	Not Required	*Excluded*
0217T	Required	Not Required	*Excluded*
0218T	Required	Not Required	*Excluded*
27096	Required	Not Required	*Excluded*

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
62263	Required	Required*	*Excluded*
62264	Required	Required*	*Excluded*
62280	Required	Not Required	*Excluded*
62281	Required	Not Required	*Excluded*
62282	Required	Not Required	*Excluded*
62320	Required	Not Required	*Excluded*
62321	Required	Not Required	*Excluded*
62322	Required	Not Required	*Excluded*
62323	Required	Not Required	*Excluded*
63650	Required	Not Required	*Excluded*
63685	Required	Not Required	*Excluded*
64451	Required	Not Required	*Excluded*
64479	Required	Not Required	*Excluded*
64480	Required	Not Required	*Excluded*
64483	Required	Not Required	*Excluded*
64484	Required	Not Required	*Excluded*
64490	Required	Not Required	*Excluded*
64491	Required	Not Required	*Excluded*
64492	Required	Not Required	*Excluded*
64493	Required	Not Required	*Excluded*
64494	Required	Not Required	*Excluded*
64495	Required	Not Required	*Excluded*
64510	Required	Not Required	*Excluded*
64520	Required	Not Required	*Excluded*
64625	Required	Not Required	*Excluded*
64633	Required	Not Required	*Excluded*
64634	Required	Not Required	*Excluded*
64635	Required	Not Required	*Excluded*
64636	Required	Not Required	*Excluded*
G0260	Required	Not Required	*Excluded*
M0076	Required	Required*	*Excluded*
MSK: Spine Services		***Required Requests are handled by (CareAdvance Provider)**	**Managed Medicaid excluded from eviCore MSK**
0095T	Required	Required*	*Excluded*
0098T	Required	Required*	*Excluded*
0163T	Required	Required*	*Excluded*
0164T	Required	Required*	*Excluded*
0165T	Required	Required*	*Excluded*

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
0274T	Required	Required*	*Excluded*
0275T	Required	Required*	*Excluded*
20930	Required	Not Required	*Excluded*
20931	Required	Not Required	*Excluded*
20936	Required	Not Required	*Excluded*
20937	Required	Required*	*Excluded*
20938	Required	Required*	*Excluded*
22510	Required	Required*	*Excluded*
22511	Required	Required*	*Excluded*
22512	Required	Required*	*Excluded*
22513	Required	Required*	*Excluded*
22514	Required	Not Required	*Excluded*
22515	Required	Not Required	*Excluded*
22526	Required	Required*	*Excluded*
22527	Required	Required*	*Excluded*
22533	Required	Required*	*Excluded*
22534	Required	Required*	*Excluded*
22551	Required	Required*	*Excluded*
22552	Required	Required*	*Excluded*
22554	Required	Required*	*Excluded*
22558	Required	Required*	*Excluded*
22585	Required	Required*	*Excluded*
22586	Required	Required*	*Excluded*
22600	Required	Required*	*Excluded*
22612	Required	Required*	*Excluded*
22614	Required	Required*	*Excluded*
22630	Required	Required*	*Excluded*
22632	Required	Required*	*Excluded*
22633	Required	Required*	*Excluded*
22634	Required	Required*	*Excluded*
22841	Required	Not Required	*Excluded*
22842	Required	Not Required	*Excluded*
22843	Required	Not Required	*Excluded*
22844	Required	Not Required	*Excluded*
22845	Required	Not Required	*Excluded*
22846	Required	Not Required	*Excluded*
22847	Required	Not Required	*Excluded*
22848	Required	Not Required	*Excluded*
22853	Required	Not Required	*Excluded*
22854	Required	Not Required	*Excluded*

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products
22856	Required	Required*	*Excluded*
22857	Required	Required*	*Excluded*
22858	Required	Required*	*Excluded*
22861	Required	Required*	*Excluded*
22862	Required	Required*	*Excluded*
22867	Required	Not Required	*Excluded*
22868	Required	Not Required	*Excluded*
22869	Required	Not Required	*Excluded*
22870	Required	Not Required	*Excluded*
22899	Required	Not Required	*Excluded*
27279	Required	Required*	*Excluded*
27280	Required	Not Required	*Excluded*
62287	Required	Not Required	*Excluded*
63001	Required	Required*	*Excluded*
63005	Required	Required*	*Excluded*
63012	Required	Required*	*Excluded*
63015	Required	Required*	*Excluded*
63017	Required	Required*	*Excluded*
63020	Required	Required*	*Excluded*
63030	Required	Required*	*Excluded*
63035	Required	Not Required	*Excluded*
63040	Required	Not Required	*Excluded*
63042	Required	Not Required	*Excluded*
63043	Required	Not Required	*Excluded*
63044	Required	Not Required	*Excluded*
63045	Required	Not Required	*Excluded*
63047	Required	Not Required	*Excluded*
63048	Required	Not Required	*Excluded*
63050	Required	Not Required	*Excluded*
63051	Required	Not Required	*Excluded*
63056	Required	Required*	*Excluded*
63057	Required	Required*	*Excluded*
63076	Required	Required*	*Excluded*
63081	Required	Required*	*Excluded*
63082	Required	Required*	*Excluded*
C9757	Required	Not Required	*Excluded*
S2348	Required	Required*	*Excluded*

Clinical Review Preauthorization Requirements and Corresponding Procedure Codes	Commercial Fully Insured, Medicare Advantage, Mininum Premium Commercial Membership	Self Funded Membership: Verify eligibility as some groups have opted out of eviCore	Managed Safety Net Products

This list is not inclusive of all insurance products and procedures requiring preauthorization. Please verify specific coverage requirements before rendering service. Eligibility can be confirmed via Excellus Customer Care or eviCore.com for all services reviewed via eviCore healthcare.

Some member contracts may have other restrictions. Not all contracts include all benefits. Payment is based on member contract benefits, eligibility and medical necessity at the time of service. The provider delivering the service is responsible for ensuring that the required Pre-authorization has been obtained and contract is active at time of service. Claims will process according to the member's benefit plan on the date of service. Failure to obtain the necessary preauthorization may result in the denial of the claim or reduced payment allowance.