BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Surgical Services Precertification List

Effective Date: October 1, 2026

CPT CODE
Artificial Disc
22856 (Effective 4/1/2024)
22858 (Effective 4/1/2024)
Balloon Ostial Dilation for Treatment of Sinusitis
31295 (Effective 10/1/2023)
31296 (Effective 10/1/2023)
31297 (Effective 10/1/2023)
31298 (Effective 10/1/2023)
Blepharoplasty
15820 (Effective 1/1/2021)
15821 (Effective 1/1/2021)
15822 (Effective 1/1/2021)
15823 (Effective 1/1/2021)
67900 (Effective 1/1/2021)
67901 (Effective 1/1/2021)
67902 (Effective 1/1/2021)
67903 (Effective 1/1/2021)
67904 (Effective 1/1/2021)
67906 (Effective 1/1/2021)
67908 (Effective 1/1/2021)
67914 (Effective 1/1/2021)
67916 (Effective 1/1/2021)
67917 (Effective 1/1/2021)
67921 (Effective 1/1/2021)
67922 (Effective 7/1/2024)
67923 (Effective 1/1/2021)
67924 (Effective 1/1/2021)
Gastric Restrictive Procedures*
43633 (Effective 10/1/2023)
43644 (Effective 1/1/2021)
43770 (Effective 1/1/2021)
43771 (Effective 1/1/2021)
43772 (Effective 1/1/2021)
43773 (Effective 1/1/2021)
43774 (Effective 1/1/2021)
43775 (Effective 1/1/2021)
43843 (Effective 1/1/2021)
43845 (Effective 1/1/2021)
43846 (Effective 1/1/2021)
43848 (Effective 1/1/2021)

CPT CODE
Gastric Restrictive Procedures*
43860 (Effective 7/1/2021)
43865 (Effective 7/1/2021)
43886 (Effective 1/1/2021)
43887 (Effective 1/1/2021)
43888 (Effective 1/1/2021)
Gynecomastia Surgery
19300 (Effective 10/1/2023)
Lumbar Fusion
22533 (Effective 1/1/2021)
22558 (Effective 1/1/2021)
22612 (Effective 1/1/2021)
22630 (Effective 1/1/2021)
22633 (Effective 1/1/2021)
Panniculectomy/Excision of Redundant Skin
15830 (Effective 10/1/2023)
Rhinoplasty
30400 (Effective 1/1/2021)
30410 (Effective 1/1/2021)
30420 (Effective 1/1/2021)
30430 (Effective 1/1/2021)
30435 (Effective 1/1/2021)
30450 (Effective 1/1/2021)
Sacroiliac Joint Fusion
27278 (Effective 4/1/2024)
27279 (Effective 4/1/2024)
27280 (Effective 4/1/2024)
Tumor Treatment Fields Therapy
E0766 (Effective 4/1/2024)
Varicose Veins
36465 (Effective 1/1/2021)
36466 (Effective 1/1/2021)
36470 (Effective 1/1/2021)
36471 (Effective 1/1/2021)
36475 (Effective 1/1/2021)
36478 (Effective 1/1/2021)
36482 (Effective 1/1/2021)
37700 (Effective 1/1/2021)

CPT CODE
Varicose Veins
37718 (Effective 1/1/2021)
37722 (Effective 1/1/2021)
37735 (Effective 1/1/2021)
37760 (Effective 1/1/2021)
37761 (Effective 1/1/2021)
37765 (Effective 1/1/2021)
37766 (Effective 1/1/2021)
37780 (Effective 1/1/2021)
37785 (Effective 1/1/2021)

***Coverage of these procedures is based on group/plan benefits.**

Code Additions
Effective July 1, 2021

- 43850
- 43855
- 43860
- 43865

Code Deletions
Effective December 31, 2021

- 0466T
- 0467T
- 43850
- 43855
- 69715
- 69718

Code Additions
Effective January 1, 2022

- 64582
- 64583
- 69716
- 69719

Code Additions
Effective January 1, 2023

- 69729
- 69730

Code Deletions
Effective April 1, 2023

- 19316
- 19318
- 19325
- 19328
- 19330
- 19340
- 19342
- 19350
- 19355
- 19357
- 19361
- 19364
- 19367
- 19368
- 19369
- 19370
- 19371
- 19380
- 91110

Code Deletion
Effective July 17, 2023

- 43645

Code Additions
Effective October 1, 2023

- 15830
- 19300
- 31295
- 31296
- 31297
- 31298
- 43633

Code Additions
Effective April 1, 2024

- 22856
- 22858
- 27278
- 27279
- 27280
- E0766

Code Additions
Effective April 1, 2024

- 22856
- 22858
- 27278
- 27279
- 27280
- E0766

Code Additions
Effective July 1, 2024

- 67922

Code Deletions
Effective January 1, 2026

- 27445
- 37500

Code Deletions
Effective September 1, 2026

- 27446
- 27447

Code Deletions
Effective October 1, 2026

- 69714
- 69716
- 69717
- 69719
- 69729
- 69730
- 64582
- 64583

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