

**Blue Cross Blue Shield West Virginia's List of NOC/NOS Procedure Codes
Requiring Authorization - Effective April 26, 2011**

CODE	DESCRIPTION
19499	UNLISTED PROCEDURE, BREAST
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT
27599	UNLISTED PROCEDURE, FEMUR OR KNEE
29999	UNLISTED PROCEDURE, ARTHROSCOPY
33999	UNLISTED PROCEDURE, CARDIAC SURGERY
37799	UNLISTED PROCEDURE, VASCULAR SURGERY
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH
43999	UNLISTED PROCEDURE, STOMACH
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
53899	UNLISTED PROCEDURE, URINARY SYSTEM
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM NONOBSTETRICAL
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED
S2409	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT OTHERWISE CLASIFIED