

Predetermination Reviews

Fax clinical information to 205-220-9560.
Predetermination is required if procedure
is performed in an inpatient setting.

Blue Cross and Blue Shield of Alabama will only provide manual predetermination reviews for the services listed below:

- Artificial disc (22856, 22858, 22861, 22864, 22899)
- Automatic external defibrillator (K0606)
- Balloon ostial dilation (31295,31296, 31297, 31298)
- Durable medical equipment (DME) greater than \$3,500 per line item
- Gender reassignment surgery
- Generic code used when no specific code is given
- Gynecomastia surgery (19300)
- Implantable defibrillator (33270, 33271, 33272, 33273, 33274, 33275)
- Lymphedema pumps (E0650, E0651, E0652)
- Panniculectomy (15830)
- Prosthesis over \$3,500 per line item
- Sacroiliac joint fusion (27279)
- Tumor-treatment fields therapy for glioblastoma (E0766)
- Unlisted codes (example: 76499 or 37799)

Predetermination requests for procedures not on list:

If a provider (in-state or out-of-state) submits a predetermination for a procedure not on the list, we will notify him or her that we do not offer a predetermination for that service.