



2020 Commercial Outpatient Benefit Preauthorization Procedure Code List

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required as of January 1, 2020 for commercial plans/networks, such as those listed below:

- PPO (PPO)
- Blue Choice Preferred PPOSM (BCE)
- Blue Choice PPOSM (BCS)
- Blue OptionsSM/Blue Choice OptionsSM (BCO)

This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. 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. Benefit preauthorization for some services/categories must be obtained through Blue Cross and Blue Shield of Illinois (BCBSIL). Benefit preauthorization for other services/categories must be obtained through a utilization management vendor.

It is imperative that providers check eligibility and benefits for each patient prior to rendering services to confirm benefits, benefit preauthorization/pre-notification requirements and utilization management vendors that must be used, if applicable. Providers may submit online eligibility and benefits inquiries (electronic 270 transactions) via the Availity® Provider Portal (availity.com) or other preferred web vendor portal. Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSIL members.

Obtaining benefit preauthorization/pre-notification is not a substitute for confirming eligibility and benefits.

Procedure Code	Service/ Category	Description	Medical Policy Number	Medical Policy Title	2020 Updates
15824	Select Outpatient Services	RHYTIDECTOMY; FOREHEAD	SUR712.031	Surgical Deactivation of Headache Trigger Sites	
15826	Select Outpatient Services	RHYTIDECTOMY; GLABELLAR FROWN LINES	SUR712.031	Surgical Deactivation of Headache Trigger Sites	
19316	Select Outpatient Services	MASTOPEXY	SUR716.010	Mastopexy	
19318	Select Outpatient Services	REDUCTION MAMMAPLASTY	SUR716.012	Reduction Mammoplasty	
20930	Joint, Spine Surgery	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	eviCore Guidelines		
20931	Joint, Spine Surgery	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	eviCore Guidelines		
20936	Joint, Spine Surgery	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	eviCore Guidelines		
20937	Joint, Spine Surgery	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	eviCore Guidelines		
20938	Joint, Spine Surgery	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	eviCore Guidelines		

20974	Joint, Spine Surgery	Electrical stimulation to aid bone healing; noninvasive (non-operative)	eviCore Guidelines		
20975	Joint, Spine Surgery	Electrical stimulation to aid bone healing; noninvasive (operative)	eviCore Guidelines		
21085	Select Outpatient Services	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	SUR705.030	Orthognathic Surgery	
21110	Select Outpatient Services	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	SUR705.030	Orthognathic Surgery	
21125	Select Outpatient Services	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	SUR705.030	Orthognathic Surgery	
21127	Select Outpatient Services	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	SUR705.030	Orthognathic Surgery	
21141	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	SUR705.030	Orthognathic Surgery	
21142	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	SUR705.030	Orthognathic Surgery	
21143	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	SUR705.030	Orthognathic Surgery	
21145	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	SUR705.030	Orthognathic Surgery	
21146	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	SUR705.030	Orthognathic Surgery	
21147	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCL OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILAT ALVEOLAR CLEFT OR MULT OSTEOTOMIES)	SUR705.030	Orthognathic Surgery	
21150	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	SUR705.030	Orthognathic Surgery	
21151	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	SUR705.030	Orthognathic Surgery	
21154	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	SUR705.030	Orthognathic Surgery	
21155	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	SUR705.030	Orthognathic Surgery	
21159	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	SUR705.030	Orthognathic Surgery	
21160	Select Outpatient Services	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	SUR705.030	Orthognathic Surgery	
21188	Select Outpatient Services	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	SUR705.030	Orthognathic Surgery	
21193	Select Outpatient Services	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	SUR705.030	Orthognathic Surgery	
21194	Select Outpatient Services	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)	SUR705.030	Orthognathic Surgery	
21195	Select Outpatient Services	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	SUR705.030	Orthognathic Surgery	
21196	Select Outpatient Services	RECONSTRUCTION OF MANDIBULAR RAMUS AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	SUR705.030	Orthognathic Surgery	

21198	Select Outpatient Services	OSTEOTOMY, MANDIBLE, SEGMENTAL	SUR705.030	Orthognathic Surgery	
21199	Select Outpatient Services	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	SUR705.030	Orthognathic Surgery	
21206	Select Outpatient Services	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	SUR705.030	Orthognathic Surgery	
21208	Select Outpatient Services	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	SUR705.030	Orthognathic Surgery	
21209	Select Outpatient Services	OSTEOPLASTY, FACIAL BONES; REDUCTION	SUR705.030	Orthognathic Surgery	
21210	Select Outpatient Services	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	SUR705.030	Orthognathic Surgery	
21215	Select Outpatient Services	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	SUR705.030	Orthognathic Surgery	
21230	Select Outpatient Services	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	SUR705.030	Orthognathic Surgery	
22510	Joint, Spine Surgery	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	eviCore Guidelines		
22511	Joint, Spine Surgery	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	eviCore Guidelines		
22512	Joint, Spine Surgery	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	eviCore Guidelines		
22513	Joint, Spine Surgery	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	eviCore Guidelines		
22514	Joint, Spine Surgery	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	eviCore Guidelines		
22515	Joint, Spine Surgery	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	eviCore Guidelines		
22526	Pain Management	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	eviCore Guidelines		
22527	Pain Management	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; once or more additional levels (list separately in addition to code for primary procedure)	eviCore Guidelines		
22533	Joint, Spine Surgery	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	eviCore Guidelines		
22534	Joint, Spine Surgery	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	eviCore Guidelines		

22551	Joint, Spine Surgery	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	eviCore Guidelines	
22552	Joint, Spine Surgery	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	eviCore Guidelines	
22554	Joint, Spine Surgery	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	eviCore Guidelines	
22558	Joint, Spine Surgery	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	eviCore Guidelines	
22585	Joint, Spine Surgery	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	eviCore Guidelines	
22595	Joint, Spine Surgery	Arthrodesis, posterior technique, atlas-axis (C1-C2)	eviCore Guidelines	Added April 2020
22600	Joint, Spine Surgery	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	eviCore Guidelines	
22612	Joint, Spine Surgery	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	eviCore Guidelines	
22614	Joint, Spine Surgery	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	eviCore Guidelines	
22630	Joint, Spine Surgery	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	eviCore Guidelines	
22632	Joint, Spine Surgery	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	eviCore Guidelines	
22633	Joint, Spine Surgery	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	eviCore Guidelines	
22634	Joint, Spine Surgery	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	eviCore Guidelines	
22840	Joint, Spine Surgery	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added September 2020
22841	Joint, Spine Surgery	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	eviCore Guidelines	
22842	Joint, Spine Surgery	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	eviCore Guidelines	
22843	Joint, Spine Surgery	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	eviCore Guidelines	

22844	Joint, Spine Surgery	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	eviCore Guidelines	
22845	Joint, Spine Surgery	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	eviCore Guidelines	
22846	Joint, Spine Surgery	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	eviCore Guidelines	
22847	Joint, Spine Surgery	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	eviCore Guidelines	
22848	Joint, Spine Surgery	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	eviCore Guidelines	
22853	Joint, Spine Surgery	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	eviCore Guidelines	
22854	Joint, Spine Surgery	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	eviCore Guidelines	
22856	Joint, Spine Surgery	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	eviCore Guidelines	
22857	Joint, Spine Surgery	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	eviCore Guidelines	
22858	Joint, Spine Surgery	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	eviCore Guidelines	
22859	Joint, Spine Surgery	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	eviCore Guidelines	
22861	Joint, Spine Surgery	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	eviCore Guidelines	
22862	Joint, Spine Surgery	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	eviCore Guidelines	
22867	Joint, Spine Surgery	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	eviCore Guidelines	
22868	Joint, Spine Surgery	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	eviCore Guidelines	

22869	Joint, Spine Surgery	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	eviCore Guidelines	
22870	Joint, Spine Surgery	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	eviCore Guidelines	
23000	Joint, Spine Surgery	Removal of subdeltoid calcareous deposits, open	eviCore Guidelines	
23020	Joint, Spine Surgery	Capsular contracture release (eg, Sever type procedure)	eviCore Guidelines	
23120	Joint, Spine Surgery	Claviculectomy; partial	eviCore Guidelines	
23130	Joint, Spine Surgery	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	eviCore Guidelines	
23410	Joint, Spine Surgery	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	eviCore Guidelines	
23412	Joint, Spine Surgery	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	eviCore Guidelines	
23415	Joint, Spine Surgery	Coracoacromial ligament release, with or without acromioplasty	eviCore Guidelines	
23420	Joint, Spine Surgery	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	eviCore Guidelines	
23430	Joint, Spine Surgery	Tenodesis of long tendon of biceps	eviCore Guidelines	
23440	Joint, Spine Surgery	Resection or transplantation of long tendon of biceps	eviCore Guidelines	
23450	Joint, Spine Surgery	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	eviCore Guidelines	
23455	Joint, Spine Surgery	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	eviCore Guidelines	
23460	Joint, Spine Surgery	Capsulorrhaphy, anterior, any type; with bone block	eviCore Guidelines	
23462	Joint, Spine Surgery	Capsulorrhaphy, anterior, any type; with coracoid process transfer	eviCore Guidelines	
23465	Joint, Spine Surgery	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	eviCore Guidelines	
23466	Joint, Spine Surgery	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	eviCore Guidelines	
23470	Joint, Spine Surgery	Arthroplasty, glenohumeral joint; hemiarthroplasty	eviCore Guidelines	
23472	Joint, Spine Surgery	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	eviCore Guidelines	
23473	Joint, Spine Surgery	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	eviCore Guidelines	
23474	Joint, Spine Surgery	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	eviCore Guidelines	
27096	Pain Management	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	eviCore Guidelines	
27125	Joint, Spine Surgery	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	eviCore Guidelines	

27130	Joint, Spine Surgery	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	eviCore Guidelines	
27132	Joint, Spine Surgery	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	eviCore Guidelines	
27134	Joint, Spine Surgery	Revision of total hip arthroplasty; both components, with or without autograft or allograft	eviCore Guidelines	
27137	Joint, Spine Surgery	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	eviCore Guidelines	
27138	Joint, Spine Surgery	Revision of total hip arthroplasty; femoral component only, with or without allograft	eviCore Guidelines	
27279	Joint, Spine Surgery	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	eviCore Guidelines	Added September 2020
27280	Joint, Spine Surgery	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	eviCore Guidelines	Added September 2020
27332	Joint, Spine Surgery	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	eviCore Guidelines	
27333	Joint, Spine Surgery	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	eviCore Guidelines	
27334	Joint, Spine Surgery	Arthrotomy, with synovectomy, knee; anterior OR posterior	eviCore Guidelines	
27335	Joint, Spine Surgery	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	eviCore Guidelines	
27403	Joint, Spine Surgery	Arthrotomy with meniscus repair, knee	eviCore Guidelines	
27412	Joint, Spine Surgery	Autologous chondrocyte implantation, knee	eviCore Guidelines	
27415	Joint, Spine Surgery	Osteochondral allograft, knee, open	eviCore Guidelines	
27416	Joint, Spine Surgery	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	eviCore Guidelines	
27418	Joint, Spine Surgery	Anterior tibial tubercleplasty (eg, Maquet type procedure)	eviCore Guidelines	
27420	Joint, Spine Surgery	Reconstruction of dislocating patella; (eg, Hauser type procedure)	eviCore Guidelines	
27422	Joint, Spine Surgery	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	eviCore Guidelines	
27424	Joint, Spine Surgery	Reconstruction of dislocating patella; with patellectomy	eviCore Guidelines	
27425	Joint, Spine Surgery	Lateral retinacular release, open	eviCore Guidelines	
27427	Joint, Spine Surgery	Ligamentous reconstruction (augmentation), knee; extra-articular	eviCore Guidelines	
27428	Joint, Spine Surgery	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	eviCore Guidelines	
27429	Joint, Spine Surgery	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	eviCore Guidelines	
27430	Joint, Spine Surgery	Quadricepsplasty (eg, Bennett or Thompson type)	eviCore Guidelines	
27438	Joint, Spine Surgery	Arthroplasty, patella; with prosthesis	eviCore Guidelines	

27440	Joint, Spine Surgery	Arthroplasty, knee, tibial plateau;	eviCore Guidelines		
27441	Joint, Spine Surgery	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	eviCore Guidelines		
27442	Joint, Spine Surgery	Arthroplasty, femoral condyles or tibial plateau(s), knee;	eviCore Guidelines		
27443	Joint, Spine Surgery	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	eviCore Guidelines		
27446	Joint, Spine Surgery	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	eviCore Guidelines		
27447	Joint, Spine Surgery	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	eviCore Guidelines		
27486	Joint, Spine Surgery	Revision of total knee arthroplasty, with or without allograft; 1 component	eviCore Guidelines		
27487	Joint, Spine Surgery	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	eviCore Guidelines		
30120	Select Outpatient Services	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	SUR706.001	Nasal and Sinus Surgery	
30124	Select Outpatient Services	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	SUR706.001	Nasal and Sinus Surgery	
30130	Select Outpatient Services	EXCISION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Multiple	SUR706.001, SUR712.031	
30140	Select Outpatient Services	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Multiple	SUR706.001, SUR712.031	
30400	Select Outpatient Services	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	SUR706.001	Nasal and Sinus Surgery	
30410	Select Outpatient Services	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	SUR706.001	Nasal and Sinus Surgery	
30420	Select Outpatient Services	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	SUR706.001	Nasal and Sinus Surgery	
30430	Select Outpatient Services	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	SUR706.001	Nasal and Sinus Surgery	
30435	Select Outpatient Services	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	SUR706.001	Nasal and Sinus Surgery	
30450	Select Outpatient Services	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	SUR706.001	Nasal and Sinus Surgery	
30465	Select Outpatient Services	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	SUR706.001	Nasal and Sinus Surgery	
30520	Select Outpatient Services	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Multiple	SUR706.001, SUR712.031	
30999	Select Outpatient Services	UNLISTED PROCEDURE, NOSE	SUR706.001	Nasal and Sinus Surgery	
31296	Select Outpatient Services	NASAL, SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	SUR706.001	Nasal and Sinus Surgery	
31297	Select Outpatient Services	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	SUR706.001	Nasal and Sinus Surgery	
31299	Select Outpatient Services	UNLISTED PROCEDURE, ACCESSORY SINUSES	SUR706.001	Nasal and Sinus Surgery	
36516	Select Outpatient Services	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION	THE802.003	Lipid Apheresis	

38206	Select Outpatient Services	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	SUR703.051	Orthopedic Applications of Stem-Cell Therapy	
38230	Select Outpatient Services	BONE MARROW HARVESTING FOR TRANSPLANTATION	SUR703.051	Orthopedic Applications of Stem-Cell Therapy	
38241	Select Outpatient Services	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	SUR703.051	Orthopedic Applications of Stem-Cell Therapy	
43647	Select Outpatient Services	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	SUR709.031	Gastric Electrical Stimulation (GES)	
43648	Select Outpatient Services	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	SUR709.031	Gastric Electrical Stimulation (GES)	
43881	Select Outpatient Services	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	SUR709.031	Gastric Electrical Stimulation (GES)	
61850	Select Outpatient Services	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CORTICAL	SUR712.025	Deep Brain Stimulation	
61863	Select Outpatient Services	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WIT	SUR712.025	Deep Brain Stimulation	
61864	Select Outpatient Services	TWIST DRILL, BURR HOLE, CRANIOTOMY, CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITHO	SUR712.025	Deep Brain Stimulation	
61867	Select Outpatient Services	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), W	SUR712.025	Deep Brain Stimulation	
61868	Select Outpatient Services	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG THALAMUS, GLOBUS, PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WI	SUR712.025	Deep Brain Stimulation	
62263	Pain Management	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	eviCore Guidelines		
62264	Pain Management	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	eviCore Guidelines		
62280	Pain Management	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	eviCore Guidelines		
62281	Pain Management	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	eviCore Guidelines		
62282	Pain Management	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	eviCore Guidelines		
62287	Pain Management	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	eviCore Guidelines		

62292	Pain Management	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single, or multiple levels, lumbar	eviCore Guidelines	
62320	Pain Management	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	eviCore Guidelines	
62321	Pain Management	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	eviCore Guidelines	
62322	Pain Management	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	eviCore Guidelines	
62323	Pain Management	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	eviCore Guidelines	
62324	Pain Management	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	eviCore Guidelines	
62325	Pain Management	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	eviCore Guidelines	
62326	Pain Management	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	eviCore Guidelines	
62327	Pain Management	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	eviCore Guidelines	
62350	Pain Management	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	eviCore Guidelines	
62351	Pain Management	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	eviCore Guidelines	
62360	Pain Management	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	eviCore Guidelines	
62361	Pain Management	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	eviCore Guidelines	

62362	Pain Management	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	eviCore Guidelines	
62380	Joint, Spine Surgery	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or eXcision of herniated intervertebral disc, 1 interspace, lumbar	eviCore Guidelines	
63001	Joint, Spine Surgery	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	eviCore Guidelines	
63005	Joint, Spine Surgery	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, eXcept for spondylolisthesis	eviCore Guidelines	
63012	Joint, Spine Surgery	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	eviCore Guidelines	
63015	Joint, Spine Surgery	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	eviCore Guidelines	
63017	Joint, Spine Surgery	Laminectomy with eXploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	eviCore Guidelines	
63020	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc; 1 interspace, cervical	eviCore Guidelines	
63030	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc; 1 interspace, lumbar	eviCore Guidelines	
63035	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	eviCore Guidelines	
63040	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc, reeXploration, single interspace; cervical	eviCore Guidelines	
63042	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or eXcision of herniated intervertebral disc, reeXploration, single interspace; lumbar	eviCore Guidelines	
63043	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	eviCore Guidelines	
63044	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	eviCore Guidelines	
63045	Joint, Spine Surgery	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	eviCore Guidelines	
63047	Joint, Spine Surgery	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	eviCore Guidelines	

63048	Joint, Spine Surgery	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	eviCore Guidelines	
63050	Joint, Spine Surgery	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	eviCore Guidelines	
63051	Joint, Spine Surgery	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	eviCore Guidelines	
63056	Joint, Spine Surgery	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	eviCore Guidelines	
63057	Joint, Spine Surgery	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	eviCore Guidelines	
63075	Joint, Spine Surgery	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace	eviCore Guidelines	
63076	Joint, Spine Surgery	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	eviCore Guidelines	
63081	Joint, Spine Surgery	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	eviCore Guidelines	
63082	Joint, Spine Surgery	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	eviCore Guidelines	
63650	Pain Management	Percutaneous implantation of neurostimulator electrode array, epidural	eviCore Guidelines	
63655	Pain Management	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	eviCore Guidelines	
63685	Pain Management	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	eviCore Guidelines	
64451	Pain Management	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	eviCore Guidelines	Added September 2020
64479	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	eviCore Guidelines	
64480	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	eviCore Guidelines	
64483	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	eviCore Guidelines	
64484	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	eviCore Guidelines	

64490	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	eviCore Guidelines		
64491	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	eviCore Guidelines		
64492	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	eviCore Guidelines		
64493	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	eviCore Guidelines		
64494	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	eviCore Guidelines		
64495	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	eviCore Guidelines		
64510	Pain Management	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	eviCore Guidelines		
64520	Pain Management	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	eviCore Guidelines		
64561	Select Outpatient Services	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	
64581	Select Outpatient Services	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation	
64625	Pain Management	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	eviCore Guidelines		Added September 2020
64633	Pain Management	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	eviCore Guidelines		
64634	Pain Management	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	eviCore Guidelines		
64635	Pain Management	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	eviCore Guidelines		
64636	Pain Management	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	eviCore Guidelines		
64716	Select Outpatient Services	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation	
64732	Select Outpatient Services	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	SUR712.031	Surgical Deactivation of Headache Trigger Sites	

64734	Select Outpatient Services	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	SUR712.031	Surgical Deactivation of Headache Trigger Sites	
64771	Select Outpatient Services	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	SUR712.031	Surgical Deactivation of Headache Trigger Sites	
64999	Select Outpatient Services	UNLISTED PROCEDURE, NERVOUS SYSTEM	SUR712.031	Surgical Deactivation of Headache Trigger Sites	
67900	Select Outpatient Services	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	MED205.032	Percutaneous and Implanted Nerve Stimulation and Neuromodulation	
69714	Select Outpatient Services	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	SUR714.003	Bone Conduction Hearing Aids	
69715	Select Outpatient Services	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY	SUR714.003	Bone Conduction Hearing Aids	
69717	Select Outpatient Services	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	SUR714.003	Bone Conduction Hearing Aids	
69718	Select Outpatient Services	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY	SUR714.003	Bone Conduction Hearing Aids	
69930	Select Outpatient Services	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	SUR714.003	Bone Conduction Hearing Aids	
70336	Advanced Imaging	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	eviCore Guidelines		
70450	Advanced Imaging	Computed tomography, head or brain; without contrast material	eviCore Guidelines		
70460	Advanced Imaging	Computed tomography, head or brain; with contrast material(s)	eviCore Guidelines		
70470	Advanced Imaging	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines		
70480	Advanced Imaging	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	eviCore Guidelines		
70481	Advanced Imaging	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	eviCore Guidelines		
70482	Advanced Imaging	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines		
70486	Advanced Imaging	Computed tomography, maxillofacial area; without contrast material	eviCore Guidelines		
70487	Advanced Imaging	Computed tomography, maxillofacial area; with contrast material(s)	eviCore Guidelines		
70488	Advanced Imaging	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines		
70490	Advanced Imaging	Computed tomography, soft tissue neck; without contrast material	eviCore Guidelines		
70491	Advanced Imaging	Computed tomography, soft tissue neck; with contrast material(s)	eviCore Guidelines		
70492	Advanced Imaging	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	eviCore Guidelines		
70496	Advanced Imaging	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines		
70498	Advanced Imaging	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines		

70540	Advanced Imaging	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	eviCore Guidelines	
70542	Advanced Imaging	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	eviCore Guidelines	
70543	Advanced Imaging	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
70544	Advanced Imaging	Magnetic resonance angiography, head; without contrast material(s)	eviCore Guidelines	
70545	Advanced Imaging	Magnetic resonance angiography, head; with contrast material(s)	eviCore Guidelines	
70546	Advanced Imaging	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
70547	Advanced Imaging	Magnetic resonance angiography, neck; without contrast material(s)	eviCore Guidelines	
70548	Advanced Imaging	Magnetic resonance angiography, neck; with contrast material(s)	eviCore Guidelines	
70549	Advanced Imaging	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
70551	Advanced Imaging	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	eviCore Guidelines	
70552	Advanced Imaging	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	eviCore Guidelines	
70553	Advanced Imaging	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	eviCore Guidelines	
70554	Advanced Imaging	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	eviCore Guidelines	
70555	Advanced Imaging	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	eviCore Guidelines	
71250	Advanced Imaging	Computed tomography, thorax; without contrast material	eviCore Guidelines	
71260	Advanced Imaging	Computed tomography, thorax; with contrast material(s)	eviCore Guidelines	
71270	Advanced Imaging	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
71275	Advanced Imaging	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	
71550	Advanced Imaging	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	eviCore Guidelines	
71551	Advanced Imaging	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	eviCore Guidelines	
71552	Advanced Imaging	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
71555	Advanced Imaging	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	eviCore Guidelines	
72125	Advanced Imaging	Computed tomography, cervical spine; without contrast material	eviCore Guidelines	
72126	Advanced Imaging	Computed tomography, cervical spine; with contrast material	eviCore Guidelines	
72127	Advanced Imaging	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
72128	Advanced Imaging	Computed tomography, thoracic spine; without contrast material	eviCore Guidelines	
72129	Advanced Imaging	Computed tomography, thoracic spine; with contrast material	eviCore Guidelines	

72130	Advanced Imaging	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
72131	Advanced Imaging	Computed tomography, lumbar spine; without contrast material	eviCore Guidelines	
72132	Advanced Imaging	Computed tomography, lumbar spine; with contrast material	eviCore Guidelines	
72133	Advanced Imaging	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
72141	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	eviCore Guidelines	
72142	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	eviCore Guidelines	
72146	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	eviCore Guidelines	
72147	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	eviCore Guidelines	
72148	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	eviCore Guidelines	
72149	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	eviCore Guidelines	
72156	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	eviCore Guidelines	
72157	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	eviCore Guidelines	
72158	Advanced Imaging	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	eviCore Guidelines	
72159	Advanced Imaging	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	eviCore Guidelines	
72191	Advanced Imaging	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	
72192	Advanced Imaging	Computed tomography, pelvis; without contrast material	eviCore Guidelines	
72193	Advanced Imaging	Computed tomography, pelvis; with contrast material(s)	eviCore Guidelines	
72194	Advanced Imaging	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
72195	Advanced Imaging	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	eviCore Guidelines	
72196	Advanced Imaging	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	eviCore Guidelines	
72197	Advanced Imaging	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
72198	Advanced Imaging	Magnetic resonance angiography, pelvis, with or without contrast material(s)	eviCore Guidelines	
73200	Advanced Imaging	Computed tomography, upper extremity; without contrast material	eviCore Guidelines	
73201	Advanced Imaging	Computed tomography, upper extremity; with contrast material(s)	eviCore Guidelines	
73202	Advanced Imaging	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
73206	Advanced Imaging	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	

73218	Advanced Imaging	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	eviCore Guidelines	
73219	Advanced Imaging	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	eviCore Guidelines	
73220	Advanced Imaging	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
73221	Advanced Imaging	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	eviCore Guidelines	
73222	Advanced Imaging	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	eviCore Guidelines	
73223	Advanced Imaging	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
73225	Advanced Imaging	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	eviCore Guidelines	
73700	Advanced Imaging	Computed tomography, lower extremity; without contrast material	eviCore Guidelines	
73701	Advanced Imaging	Computed tomography, lower extremity; with contrast material(s)	eviCore Guidelines	
73702	Advanced Imaging	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
73706	Advanced Imaging	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	
73718	Advanced Imaging	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	eviCore Guidelines	
73719	Advanced Imaging	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	eviCore Guidelines	
73720	Advanced Imaging	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
73721	Advanced Imaging	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	eviCore Guidelines	
73722	Advanced Imaging	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	eviCore Guidelines	
73723	Advanced Imaging	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	eviCore Guidelines	
73725	Advanced Imaging	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	eviCore Guidelines	
74150	Advanced Imaging	Computed tomography, abdomen; without contrast material	eviCore Guidelines	
74160	Advanced Imaging	Computed tomography, abdomen; with contrast material(s)	eviCore Guidelines	
74170	Advanced Imaging	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	eviCore Guidelines	
74174	Advanced Imaging	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	
74175	Advanced Imaging	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	
74176	Advanced Imaging	Computed tomography, abdomen and pelvis; without contrast material	eviCore Guidelines	
74177	Advanced Imaging	Computed tomography, abdomen and pelvis; with contrast material(s)	eviCore Guidelines	

74178	Advanced Imaging	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	eviCore Guidelines	
74181	Advanced Imaging	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	eviCore Guidelines	
74182	Advanced Imaging	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	eviCore Guidelines	
74183	Advanced Imaging	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	eviCore Guidelines	
74185	Advanced Imaging	Magnetic resonance angiography, abdomen, with or without contrast material(s)	eviCore Guidelines	
74261	Advanced Imaging	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	eviCore Guidelines	
74262	Advanced Imaging	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	eviCore Guidelines	
74263	Advanced Imaging	Computed tomographic (CT) colonography, screening, including image postprocessing	eviCore Guidelines	
74712	Advanced Imaging	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	eviCore Guidelines	
74713	Advanced Imaging	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	eviCore Guidelines	
75557	Cardiology	Cardiac magnetic resonance imaging for morphology and function without contrast material;	eviCore Guidelines	
75559	Cardiology	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	eviCore Guidelines	
75561	Cardiology	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	eviCore Guidelines	
75563	Cardiology	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	eviCore Guidelines	
75565	Cardiology	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	eviCore Guidelines	
75571	Cardiology	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	eviCore Guidelines	
75572	Cardiology	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	eviCore Guidelines	
75573	Cardiology	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	eviCore Guidelines	
75574	Cardiology	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	eviCore Guidelines	

75635	Advanced Imaging	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	eviCore Guidelines	
76376	Advanced Imaging	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	eviCore Guidelines	
76377	Advanced Imaging	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	eviCore Guidelines	
76380	Advanced Imaging	Computed tomography, limited or localized follow-up study	eviCore Guidelines	
76390	Advanced Imaging	Magnetic resonance spectroscopy	eviCore Guidelines	
76391	Advanced Imaging	Magnetic resonance (eg, vibration) elastography	eviCore Guidelines	Added September 2020
76497	Advanced Imaging	Unlisted computed tomography procedure (eg, diagnostic, interventional)	eviCore Guidelines	
76498	Advanced Imaging	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	eviCore Guidelines	
76975	Advanced Imaging	Gastrointestinal endoscopic ultrasound, supervision and interpretation	eviCore Guidelines	Added September 2020
77014	Radiation Oncology	Computed tomography guidance for placement of radiation therapy fields	eviCore Guidelines	
77021	Advanced Imaging	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	eviCore Guidelines	
77022	Advanced Imaging	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	eviCore Guidelines	
77046	Advanced Imaging	Magnetic resonance imaging, breast, without contrast material; unilateral	eviCore Guidelines	Added September 2020
77047	Advanced Imaging	Magnetic resonance imaging, breast, without contrast material; bilateral	eviCore Guidelines	Added September 2020
77048	Advanced Imaging	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	eviCore Guidelines	Added April 2020
77049	Advanced Imaging	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	eviCore Guidelines	Added April 2020
77058	Advanced Imaging	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	eviCore Guidelines	(Retired prior to 2020)
77059	Advanced Imaging	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	eviCore Guidelines	(Retired prior to 2020)
77078	Advanced Imaging	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	eviCore Guidelines	
77084	Advanced Imaging	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	eviCore Guidelines	
77371	Radiation Oncology	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	eviCore Guidelines	
77372	Radiation Oncology	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	eviCore Guidelines	
77373	Radiation Oncology	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	eviCore Guidelines	

77385	Radiation Oncology	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	eviCore Guidelines	
77386	Radiation Oncology	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	eviCore Guidelines	
77387	Radiation Oncology	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	eviCore Guidelines	
77401	Radiation Oncology	Radiation treatment delivery, superficial and/or ortho voltage, per day	eviCore Guidelines	
77402	Radiation Oncology	Radiation treatment delivery, >1 MeV; simple	eviCore Guidelines	
77407	Radiation Oncology	Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks; >=1 MeV; intermediate	eviCore Guidelines	
77412	Radiation Oncology	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex	eviCore Guidelines	
77422	Radiation Oncology	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel opposed ports with no blocks or simple blocking	eviCore Guidelines	(Retired prior to 2020)
77423	Radiation Oncology	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	eviCore Guidelines	
77424	Radiation Oncology	Intraoperative radiation treatment delivery, x-ray, single treatment session	eviCore Guidelines	
77425	Radiation Oncology	Intraoperative radiation treatment delivery, electrons, single treatment session	eviCore Guidelines	
77520	Radiation Oncology	Proton treatment delivery; simple, without compensation	eviCore Guidelines	
77522	Radiation Oncology	Proton treatment delivery; simple, with compensation	eviCore Guidelines	
77523	Radiation Oncology	Proton treatment delivery; intermediate	eviCore Guidelines	
77525	Radiation Oncology	Proton treatment delivery; complex	eviCore Guidelines	
77600	Radiation Oncology	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	eviCore Guidelines	
77605	Radiation Oncology	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	eviCore Guidelines	
77610	Radiation Oncology	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	eviCore Guidelines	
77615	Radiation Oncology	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	eviCore Guidelines	
77620	Radiation Oncology	Hyperthermia generated by intracavitary probe(s)	eviCore Guidelines	
77750	Radiation Oncology	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	eviCore Guidelines	
77761	Radiation Oncology	Intracavitary radiation source application; simple	eviCore Guidelines	
77762	Radiation Oncology	Intracavitary radiation source application; intermediate	eviCore Guidelines	

77763	Radiation Oncology	Intracavitary radiation source application; complex	eviCore Guidelines	
77767	Radiation Oncology	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	eviCore Guidelines	
77768	Radiation Oncology	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	eviCore Guidelines	
77770	Radiation Oncology	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	eviCore Guidelines	
77771	Radiation Oncology	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	eviCore Guidelines	
77772	Radiation Oncology	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	eviCore Guidelines	
77778	Radiation Oncology	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	eviCore Guidelines	
78012	Advanced Imaging	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	eviCore Guidelines	
78013	Advanced Imaging	Thyroid imaging (including vascular flow, when performed);	eviCore Guidelines	
78014	Advanced Imaging	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	eviCore Guidelines	
78015	Advanced Imaging	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	eviCore Guidelines	
78016	Advanced Imaging	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	eviCore Guidelines	
78018	Advanced Imaging	Thyroid carcinoma metastases imaging; whole body	eviCore Guidelines	
78020	Advanced Imaging	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	eviCore Guidelines	
78070	Advanced Imaging	Parathyroid planar imaging (including subtraction, when performed);	eviCore Guidelines	
78071	Advanced Imaging	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	eviCore Guidelines	
78072	Advanced Imaging	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	eviCore Guidelines	
78075	Advanced Imaging	Adrenal imaging, cortex and/or medulla	eviCore Guidelines	
78102	Advanced Imaging	Bone marrow imaging; limited area	eviCore Guidelines	
78103	Advanced Imaging	Bone marrow imaging; multiple areas	eviCore Guidelines	
78104	Advanced Imaging	Bone marrow imaging; whole body	eviCore Guidelines	
78140	Advanced Imaging	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	eviCore Guidelines	Removed April 2020
78185	Advanced Imaging	Spleen imaging only, with or without vascular flow	eviCore Guidelines	
78195	Advanced Imaging	Lymphatics and lymph nodes imaging	eviCore Guidelines	
78201	Advanced Imaging	Liver imaging; static only	eviCore Guidelines	
78202	Advanced Imaging	Liver imaging; with vascular flow	eviCore Guidelines	
78205	Advanced Imaging	Liver imaging (SPECT);	eviCore Guidelines	Removed September 2020
78206	Advanced Imaging	Liver imaging (SPECT); with vascular flow	eviCore Guidelines	Removed September 2020

78215	Advanced Imaging	Liver and spleen imaging; static only	eviCore Guidelines	
78216	Advanced Imaging	Liver and spleen imaging; with vascular flow	eviCore Guidelines	
78226	Advanced Imaging	Hepatobiliary system imaging, including gallbladder when present;	eviCore Guidelines	
78227	Advanced Imaging	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	eviCore Guidelines	
78230	Advanced Imaging	Salivary gland imaging;	eviCore Guidelines	
78231	Advanced Imaging	Salivary gland imaging; with serial images	eviCore Guidelines	
78232	Advanced Imaging	Salivary gland function study	eviCore Guidelines	
78258	Advanced Imaging	Esophageal motility	eviCore Guidelines	
78261	Advanced Imaging	Gastric mucosa imaging	eviCore Guidelines	
78262	Advanced Imaging	Gastroesophageal reflux study	eviCore Guidelines	
78264	Advanced Imaging	Gastric emptying imaging study (eg, solid, liquid, or both);	eviCore Guidelines	
78265	Advanced Imaging	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	eviCore Guidelines	
78266	Advanced Imaging	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	eviCore Guidelines	
78278	Advanced Imaging	Acute gastrointestinal blood loss imaging	eviCore Guidelines	
78290	Advanced Imaging	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	eviCore Guidelines	
78291	Advanced Imaging	Peritoneal-venous shunt patency test (eg, for LeVein, Denver shunt)	eviCore Guidelines	
78300	Advanced Imaging	Bone and/or joint imaging; limited area	eviCore Guidelines	
78305	Advanced Imaging	Bone and/or joint imaging; multiple areas	eviCore Guidelines	
78306	Advanced Imaging	Bone and/or joint imaging; whole body	eviCore Guidelines	
78315	Advanced Imaging	Bone and/or joint imaging; 3 phase study	eviCore Guidelines	
78320	Advanced Imaging	Bone and/or joint imaging; tomographic (SPECT)	eviCore Guidelines	Removed September 2020
78414	Cardiology	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	eviCore Guidelines	
78428	Cardiology	Cardiac shunt detection	eviCore Guidelines	
78429	Cardiology	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	eviCore Guidelines	Added September 2020
78430	Cardiology	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	eviCore Guidelines	Added September 2020
78431	Cardiology	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	eviCore Guidelines	Added September 2020

78432	Cardiology	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	eviCore Guidelines	Added September 2020
78433	Cardiology	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	eviCore Guidelines	Added September 2020
78445	Advanced Imaging	Non-cardiac vascular flow imaging (ie, angiography, venography)	eviCore Guidelines	
78451	Cardiology	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	eviCore Guidelines	
78452	Cardiology	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	eviCore Guidelines	
78453	Cardiology	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	eviCore Guidelines	
78454	Cardiology	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	eviCore Guidelines	
78456	Advanced Imaging	Acute venous thrombosis imaging, peptide	eviCore Guidelines	Added September 2020
78457	Advanced Imaging	Venous thrombosis imaging, venogram; unilateral	eviCore Guidelines	
78458	Advanced Imaging	Venous thrombosis imaging, venogram; bilateral	eviCore Guidelines	
78459	Cardiology	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	eviCore Guidelines	
78466	Cardiology	Myocardial imaging, infarct avid, planar; qualitative or quantitative	eviCore Guidelines	
78468	Cardiology	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	eviCore Guidelines	
78469	Cardiology	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	eviCore Guidelines	
78472	Cardiology	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	eviCore Guidelines	
78473	Cardiology	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	eviCore Guidelines	
78481	Cardiology	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	eviCore Guidelines	

78483	Cardiology	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	eviCore Guidelines	
78491	Cardiology	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	eviCore Guidelines	
78492	Cardiology	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	eviCore Guidelines	
78494	Cardiology	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	eviCore Guidelines	
78496	Cardiology	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	eviCore Guidelines	
78499	Cardiology	Unlisted cardiovascular procedure, diagnostic nuclear medicine	eviCore Guidelines	
78579	Advanced Imaging	Pulmonary ventilation imaging (eg, aerosol or gas)	eviCore Guidelines	
78580	Advanced Imaging	Pulmonary perfusion imaging (eg, particulate)	eviCore Guidelines	
78582	Advanced Imaging	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	eviCore Guidelines	
78597	Advanced Imaging	Quantitative differential pulmonary perfusion, including imaging when performed	eviCore Guidelines	
78598	Advanced Imaging	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	eviCore Guidelines	
78600	Advanced Imaging	Brain imaging, less than 4 static views;	eviCore Guidelines	
78601	Advanced Imaging	Brain imaging, less than 4 static views; with vascular flow	eviCore Guidelines	
78605	Advanced Imaging	Brain imaging, minimum 4 static views;	eviCore Guidelines	
78606	Advanced Imaging	Brain imaging, minimum 4 static views; with vascular flow	eviCore Guidelines	
78607	Advanced Imaging	Brain imaging, tomographic (SPECT)	eviCore Guidelines	Removed September 2020
78608	Advanced Imaging	Brain imaging, positron emission tomography (PET); metabolic evaluation	eviCore Guidelines	
78609	Advanced Imaging	Brain imaging, positron emission tomography (PET); perfusion evaluation	eviCore Guidelines	
78610	Advanced Imaging	Brain imaging, vascular flow only	eviCore Guidelines	
78630	Advanced Imaging	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	eviCore Guidelines	
78635	Advanced Imaging	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	eviCore Guidelines	
78645	Advanced Imaging	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	eviCore Guidelines	
78647	Advanced Imaging	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	eviCore Guidelines	Removed September 2020
78650	Advanced Imaging	Cerebrospinal fluid leakage detection and localization	eviCore Guidelines	
78660	Advanced Imaging	Radiopharmaceutical dacryocystography	eviCore Guidelines	
78699	Advanced Imaging	Unlisted nervous system procedure, diagnostic nuclear medicine	eviCore Guidelines	
78700	Advanced Imaging	Kidney imaging morphology;	eviCore Guidelines	
78701	Advanced Imaging	Kidney imaging morphology; with vascular flow	eviCore Guidelines	
78707	Advanced Imaging	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	eviCore Guidelines	

78708	Advanced Imaging	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	eviCore Guidelines	
78709	Advanced Imaging	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	eviCore Guidelines	
78710	Advanced Imaging	Kidney imaging morphology; tomographic (SPECT)	eviCore Guidelines	Removed September 2020
78725	Advanced Imaging	Kidney function study, non-imaging radioisotopic study	eviCore Guidelines	
78730	Advanced Imaging	Urinary bladder residual study (List separately in addition to code for primary procedure)	eviCore Guidelines	
78740	Advanced Imaging	Ureteral reflux study (radiopharmaceutical voiding cystogram)	eviCore Guidelines	
78761	Advanced Imaging	Testicular imaging with vascular flow	eviCore Guidelines	
78800	Advanced Imaging	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	eviCore Guidelines	
78801	Advanced Imaging	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	eviCore Guidelines	
78802	Advanced Imaging	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	eviCore Guidelines	
78803	Advanced Imaging	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	eviCore Guidelines	
78804	Advanced Imaging	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	eviCore Guidelines	
78805	Advanced Imaging	Radiopharmaceutical localization of inflammatory process; limited area	eviCore Guidelines	Removed September 2020
78806	Advanced Imaging	Radiopharmaceutical localization of inflammatory process; whole body	eviCore Guidelines	Removed September 2020
78807	Advanced Imaging	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	eviCore Guidelines	Removed September 2020
78811	Advanced Imaging	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	eviCore Guidelines	
78812	Advanced Imaging	Positron emission tomography (PET) imaging; skull base to mid-thigh	eviCore Guidelines	
78813	Advanced Imaging	Positron emission tomography (PET) imaging; whole body	eviCore Guidelines	
78814	Advanced Imaging	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	eviCore Guidelines	
78815	Advanced Imaging	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	eviCore Guidelines	
78816	Advanced Imaging	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	eviCore Guidelines	
78830	Advanced Imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	eviCore Guidelines	Added April 2020

78831	Advanced Imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	eviCore Guidelines	Added April 2020
78832	Advanced Imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	eviCore Guidelines	Added April 2020
78999	Advanced Imaging	Unlisted miscellaneous procedure, diagnostic nuclear medicine	eviCore Guidelines	Added September 2020
79005	Radiation Oncology	Used for I-131 treatment	eviCore Guidelines	Added April 2020
79101	Radiation Oncology	Radiopharmaceutical, therapy, by intravenous administration	eviCore Guidelines	Added April 2020
79403	Radiation Oncology	Radiopharmaceutical therapy	eviCore Guidelines	Added April 2020
81162	Molecular and Genetic Lab	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	eviCore Guidelines	
81163	Molecular and Genetic Lab	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	eviCore Guidelines	Added April 2020
81164	Molecular and Genetic Lab	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	eviCore Guidelines	Added April 2020
81165	Molecular and Genetic Lab	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	eviCore Guidelines	Added April 2020
81166	Molecular and Genetic Lab	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	eviCore Guidelines	Added April 2020
81167	Molecular and Genetic Lab	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	eviCore Guidelines	Added April 2020
81173	Molecular and Genetic Lab	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81174	Molecular and Genetic Lab	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81185	Molecular and Genetic Lab	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81186	Molecular and Genetic Lab	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81189	Molecular and Genetic Lab	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81190	Molecular and Genetic Lab	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant (s)	eviCore Guidelines	Added April 2020
81201	Molecular and Genetic Lab	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	eviCore Guidelines	

81202	Molecular and Genetic Lab	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81203	Molecular and Genetic Lab	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	eviCore Guidelines	
81211	Molecular and Genetic Lab	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	eviCore Guidelines	(Retired prior to 2020)
81212	Molecular and Genetic Lab	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	eviCore Guidelines	
81213	Molecular and Genetic Lab	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	eviCore Guidelines	(Retired prior to 2020)
81214	Molecular and Genetic Lab	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	eviCore Guidelines	(Retired prior to 2020)
81215	Molecular and Genetic Lab	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	eviCore Guidelines	
81216	Molecular and Genetic Lab	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	eviCore Guidelines	
81217	Molecular and Genetic Lab	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	eviCore Guidelines	
81221	Molecular and Genetic Lab	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81222	Molecular and Genetic Lab	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	eviCore Guidelines	
81223	Molecular and Genetic Lab	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	eviCore Guidelines	
81225	Molecular and Genetic Lab	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	eviCore Guidelines	
81226	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	eviCore Guidelines	
81227	Molecular and Genetic Lab	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	eviCore Guidelines	
81228	Molecular and Genetic Lab	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	eviCore Guidelines	
81229	Molecular and Genetic Lab	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	eviCore Guidelines	
81230	Molecular and Genetic Lab	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	eviCore Guidelines	Added April 2020
81231	Molecular and Genetic Lab	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	eviCore Guidelines	Added April 2020
81232	Molecular and Genetic Lab	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	eviCore Guidelines	Added April 2020
81238	Molecular and Genetic Lab	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	eviCore Guidelines	Added April 2020

81248	Molecular and Genetic Lab	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	eviCore Guidelines	Added April 2020
81249	Molecular and Genetic Lab	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81252	Molecular and Genetic Lab	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81253	Molecular and Genetic Lab	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81257	Molecular and Genetic Lab	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	eviCore Guidelines	Added April 2020
81258	Molecular and Genetic Lab	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81259	Molecular and Genetic Lab	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81269	Molecular and Genetic Lab	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	eviCore Guidelines	Added April 2020
81277	Molecular and Genetic Lab	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	eviCore Guidelines	Added April 2020
81283	Molecular and Genetic Lab	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	eviCore Guidelines	Added April 2020
81286	Molecular and Genetic Lab	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81289	Molecular and Genetic Lab	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant (s)	eviCore Guidelines	Added April 2020
81291	Molecular and Genetic Lab	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	eviCore Guidelines	
81292	Molecular and Genetic Lab	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	eviCore Guidelines	
81293	Molecular and Genetic Lab	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81294	Molecular and Genetic Lab	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	eviCore Guidelines	
81295	Molecular and Genetic Lab	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	eviCore Guidelines	
81296	Molecular and Genetic Lab	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81297	Molecular and Genetic Lab	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	eviCore Guidelines	
81298	Molecular and Genetic Lab	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	eviCore Guidelines	

81299	Molecular and Genetic Lab	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81300	Molecular and Genetic Lab	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	eviCore Guidelines	
81302	Molecular and Genetic Lab	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	eviCore Guidelines	Added April 2020
81303	Molecular and Genetic Lab	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81304	Molecular and Genetic Lab	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	eviCore Guidelines	Added April 2020
81306	Molecular and Genetic Lab	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	eviCore Guidelines	Added April 2020
81307	Molecular and Genetic Lab	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81308	Molecular and Genetic Lab	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81313	Molecular and Genetic Lab	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	eviCore Guidelines	
81317	Molecular and Genetic Lab	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	eviCore Guidelines	
81318	Molecular and Genetic Lab	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	eviCore Guidelines	Added April 2020
81319	Molecular and Genetic Lab	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	eviCore Guidelines	
81321	Molecular and Genetic Lab	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	eviCore Guidelines	
81322	Molecular and Genetic Lab	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81323	Molecular and Genetic Lab	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	eviCore Guidelines	
81325	Molecular and Genetic Lab	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	eviCore Guidelines	
81326	Molecular and Genetic Lab	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	eviCore Guidelines	Added April 2020
81327	Molecular and Genetic Lab	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	eviCore Guidelines	
81328	Molecular and Genetic Lab	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	eviCore Guidelines	Added April 2020
81335	Molecular and Genetic Lab	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	eviCore Guidelines	Added April 2020
81336	Molecular and Genetic Lab	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	eviCore Guidelines	Added April 2020
81337	Molecular and Genetic Lab	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	eviCore Guidelines	Added April 2020
81346	Molecular and Genetic Lab	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	eviCore Guidelines	Added April 2020

81350	Molecular and Genetic Lab	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	eviCore Guidelines	Added April 2020
81355	Molecular and Genetic Lab	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	eviCore Guidelines	
81361	Molecular and Genetic Lab	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	eviCore Guidelines	Added April 2020
81362	Molecular and Genetic Lab	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	eviCore Guidelines	Added April 2020
81363	Molecular and Genetic Lab	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	eviCore Guidelines	Added April 2020
81364	Molecular and Genetic Lab	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	eviCore Guidelines	Added April 2020
81400	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	eviCore Guidelines	
81401	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	eviCore Guidelines	
81402	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	eviCore Guidelines	
81403	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	eviCore Guidelines	
81404	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	eviCore Guidelines	
81405	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	eviCore Guidelines	
81406	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	eviCore Guidelines	
81407	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	eviCore Guidelines	
81408	Molecular and Genetic Lab	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	eviCore Guidelines	
81410	Molecular and Genetic Lab	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	eviCore Guidelines	
81411	Molecular and Genetic Lab	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	eviCore Guidelines	
81412	Molecular and Genetic Lab	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	eviCore Guidelines	
81413	Molecular and Genetic Lab	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	eviCore Guidelines	

81414	Molecular and Genetic Lab	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	eviCore Guidelines	
81415	Molecular and Genetic Lab	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	eviCore Guidelines	
81416	Molecular and Genetic Lab	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	eviCore Guidelines	
81417	Molecular and Genetic Lab	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	eviCore Guidelines	
81420	Molecular and Genetic Lab	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	eviCore Guidelines	Removed September 2020
81422	Molecular and Genetic Lab	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	eviCore Guidelines	
81425	Molecular and Genetic Lab	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	eviCore Guidelines	
81426	Molecular and Genetic Lab	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	eviCore Guidelines	
81427	Molecular and Genetic Lab	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	eviCore Guidelines	
81430	Molecular and Genetic Lab	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	eviCore Guidelines	
81431	Molecular and Genetic Lab	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	eviCore Guidelines	
81432	Molecular and Genetic Lab	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	eviCore Guidelines	
81433	Molecular and Genetic Lab	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	eviCore Guidelines	
81434	Molecular and Genetic Lab	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	eviCore Guidelines	

81435	Molecular and Genetic Lab	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	eviCore Guidelines	
81436	Molecular and Genetic Lab	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	eviCore Guidelines	
81437	Molecular and Genetic Lab	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	eviCore Guidelines	
81438	Molecular and Genetic Lab	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	eviCore Guidelines	
81439	Molecular and Genetic Lab	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	eviCore Guidelines	
81440	Molecular and Genetic Lab	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	eviCore Guidelines	
81442	Molecular and Genetic Lab	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	eviCore Guidelines	
81443	Molecular and Genetic Lab	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	eviCore Guidelines	Added April 2020
81445	Molecular and Genetic Lab	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	eviCore Guidelines	
81448	Molecular and Genetic Lab	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	eviCore Guidelines	Added April 2020

81450	Molecular and Genetic Lab	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	eviCore Guidelines	
81455	Molecular and Genetic Lab	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	eviCore Guidelines	
81460	Molecular and Genetic Lab	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	eviCore Guidelines	
81465	Molecular and Genetic Lab	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	eviCore Guidelines	
81470	Molecular and Genetic Lab	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	eviCore Guidelines	
81471	Molecular and Genetic Lab	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	eviCore Guidelines	
81479	Molecular and Genetic Lab	Unlisted molecular pathology procedure	eviCore Guidelines	
81490	Molecular and Genetic Lab	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	eviCore Guidelines	
81493	Molecular and Genetic Lab	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	eviCore Guidelines	
81500	Molecular and Genetic Lab	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	eviCore Guidelines	Added April 2020
81503	Molecular and Genetic Lab	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	eviCore Guidelines	Added April 2020
81504	Molecular and Genetic Lab	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	eviCore Guidelines	
81507	Molecular and Genetic Lab	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	eviCore Guidelines	Removed September 2020

81518	Molecular and Genetic Lab	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin- embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	eviCore Guidelines	Added April 2020
81519	Molecular and Genetic Lab	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	eviCore Guidelines	
81520	Molecular and Genetic Lab	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	eviCore Guidelines	Added April 2020
81521	Molecular and Genetic Lab	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	eviCore Guidelines	Added April 2020
81522	Molecular and Genetic Lab	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	eviCore Guidelines	Added April 2020
81525	Molecular and Genetic Lab	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	eviCore Guidelines	
81528	Molecular and Genetic Lab	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10-DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	eviCore Guidelines	Removed September 2020
81535	Molecular and Genetic Lab	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	eviCore Guidelines	
81536	Molecular and Genetic Lab	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	eviCore Guidelines	
81538	Molecular and Genetic Lab	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	eviCore Guidelines	
81539	Molecular and Genetic Lab	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	eviCore Guidelines	
81540	Molecular and Genetic Lab	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	eviCore Guidelines	
81541	Molecular and Genetic Lab	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	eviCore Guidelines	Added April 2020
81542	Molecular and Genetic Lab	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	eviCore Guidelines	Added April 2020
81545	Molecular and Genetic Lab	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	eviCore Guidelines	

81551	Molecular and Genetic Lab	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	eviCore Guidelines		Added April 2020
81552	Molecular and Genetic Lab	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	eviCore Guidelines		Added April 2020
81595	Molecular and Genetic Lab	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	eviCore Guidelines		
81596	Molecular and Genetic Lab	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	eviCore Guidelines		Added April 2020
81599	Molecular and Genetic Lab	Unlisted multianalyte assay with algorithmic analysis	eviCore Guidelines		
84999	Molecular and Genetic Lab	Unlisted chemistry procedure	eviCore Guidelines		
92633	Select Outpatient Services	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	SUR714.004	Cochlear Implant	Removed September 2020
94660	Sleep Medicine	Continuous positive airway pressure ventilation (CPAP), Initiation and Management	eviCore Guidelines		(Retired prior to 2020)
95782	Sleep Medicine	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	eviCore Guidelines		
95783	Sleep Medicine	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	eviCore Guidelines		
95800	Sleep Medicine	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	eviCore Guidelines		
95801	Sleep Medicine	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	eviCore Guidelines		
95805	Sleep Medicine	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	eviCore Guidelines		
95806	Sleep Medicine	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	eviCore Guidelines		
95807	Sleep Medicine	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	eviCore Guidelines		
95808	Sleep Medicine	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	eviCore Guidelines		
95810	Sleep Medicine	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	eviCore Guidelines		
95811	Sleep Medicine	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	eviCore Guidelines		

95980	Select Outpatient Services	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	MED201.033	Functional Neuromuscular Electrical Stimulation (FNMES)	
99183	Select Outpatient Services	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	THE801.003	Hyperbaric Oxygen (HBO2) Therapy	
0001U	Molecular and Genetic Lab	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	eviCore Guidelines		Added April 2020
0002M	Molecular and Genetic Lab	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)	eviCore Guidelines		Added April 2020
0003M	Molecular and Genetic Lab	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	eviCore Guidelines		Added April 2020
0004M	Molecular and Genetic Lab	Scoliosis, Dna Analysis Of 53 Single Nucleotide Polymorphisms	eviCore Guidelines		
0005U	Molecular and Genetic Lab	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	eviCore Guidelines		Added April 2020
0006M	Molecular and Genetic Lab	Oncology (Hepatic), Mrna Expression Levels Of 161 Genes	eviCore Guidelines		
0007M	Molecular and Genetic Lab	Oncology (Gastrointestinal Neuroendocrine Tumors), Real-Time Pcr Expression Analysis	eviCore Guidelines		
0009M	Molecular and Genetic Lab	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	eviCore Guidelines		Removed September 2020
0011M	Molecular and Genetic Lab	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	eviCore Guidelines		Added April 2020
0012M	Molecular and Genetic Lab	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	eviCore Guidelines		Added April 2020
0012U	Molecular and Genetic Lab	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	eviCore Guidelines		Added April 2020
0013M	Molecular and Genetic Lab	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	eviCore Guidelines		Added April 2020
0013U	Molecular and Genetic Lab	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	eviCore Guidelines		Added April 2020
0014U	Molecular and Genetic Lab	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome nextgeneration sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	eviCore Guidelines		Added April 2020

0018U	Molecular and Genetic Lab	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	eviCore Guidelines	Added April 2020
0019U	Molecular and Genetic Lab	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	eviCore Guidelines	Added April 2020
0022U	Molecular and Genetic Lab	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	eviCore Guidelines	Added April 2020
0026U	Molecular and Genetic Lab	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	eviCore Guidelines	Added April 2020
0029U	Molecular and Genetic Lab	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	eviCore Guidelines	Added April 2020
0030U	Molecular and Genetic Lab	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	eviCore Guidelines	Added April 2020
0031U	Molecular and Genetic Lab	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	eviCore Guidelines	Added April 2020
0032U	Molecular and Genetic Lab	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	eviCore Guidelines	Added April 2020
0033U	Molecular and Genetic Lab	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.- 759C>T] and rs1414334 [c.551-3008C>G])	eviCore Guidelines	Added April 2020
0034U	Molecular and Genetic Lab	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15*3, *4, *5)	eviCore Guidelines	Added April 2020
0036U	Molecular and Genetic Lab	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	eviCore Guidelines	Added April 2020
0037U	Molecular and Genetic Lab	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	eviCore Guidelines	Added April 2020
0042T	Advanced Imaging	Cerebral perfusion analysis using computed tomography with contrast administration, including post- processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	eviCore Guidelines	
0045U	Molecular and Genetic Lab	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by realtime RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	eviCore Guidelines	Added April 2020
0047U	Molecular and Genetic Lab	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	eviCore Guidelines	Added April 2020

0048U	Molecular and Genetic Lab	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	eviCore Guidelines	Added April 2020
0050U	Molecular and Genetic Lab	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	eviCore Guidelines	Added April 2020
0053U	Molecular and Genetic Lab	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	eviCore Guidelines	Added April 2020
0055U	Molecular and Genetic Lab	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	eviCore Guidelines	Added April 2020
0056U	Molecular and Genetic Lab	Hematology (acute myelogenous leukemia), DNA, whole genome nextgeneration sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	eviCore Guidelines	Added April 2020
0060U	Molecular and Genetic Lab	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	eviCore Guidelines	Added April 2020
0067U	Molecular and Genetic Lab	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	eviCore Guidelines	Added April 2020
0069U	Molecular and Genetic Lab	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin fixed paraffin-embedded tissue, algorithm reported as an expression score	eviCore Guidelines	Added April 2020
0070U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	eviCore Guidelines	Added April 2020
0071U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0072U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0073U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0074U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0075U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020

0076U	Molecular and Genetic Lab	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0078U	Molecular and Genetic Lab	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	eviCore Guidelines	Added April 2020
0079U	Molecular and Genetic Lab	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	eviCore Guidelines	Added April 2020
0084U	Molecular and Genetic Lab	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	eviCore Guidelines	Added April 2020
0087U	Molecular and Genetic Lab	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	eviCore Guidelines	Added April 2020
0088U	Molecular and Genetic Lab	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	eviCore Guidelines	Added April 2020
0089U	Molecular and Genetic Lab	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	eviCore Guidelines	Added April 2020
0090U	Molecular and Genetic Lab	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	eviCore Guidelines	Added April 2020
0094U	Molecular and Genetic Lab	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	eviCore Guidelines	Added April 2020
0095T	Joint, Spine Surgery	Removal of total disc arthroplasty (artificial disc), anterior approach,each additional interspace, cervical (list separately in addition to code for primary procedure)	eviCore Guidelines	
0098T	Joint, Spine Surgery	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (listseparately in addition to code for primary procedure)	eviCore Guidelines	
0101U	Molecular and Genetic Lab	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	eviCore Guidelines	Added April 2020
0102U	Molecular and Genetic Lab	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	eviCore Guidelines	Added April 2020
0103U	Molecular and Genetic Lab	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	eviCore Guidelines	Added April 2020

0104U	Molecular and Genetic Lab	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (32 genes sequencing and deletion/duplication), EPCAM and GREM1 [deletion/duplication only])	eviCore Guidelines	Added April 2020
0111U	Molecular and Genetic Lab	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	eviCore Guidelines	Added April 2020
0113U	Molecular and Genetic Lab	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	eviCore Guidelines	Added April 2020
0114U	Molecular and Genetic Lab	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	eviCore Guidelines	Added April 2020
0118U	Molecular and Genetic Lab	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	eviCore Guidelines	Added April 2020
0120U	Molecular and Genetic Lab	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	eviCore Guidelines	Added April 2020
0129U	Molecular and Genetic Lab	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	eviCore Guidelines	Added April 2020
0130U	Molecular and Genetic Lab	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0131U	Molecular and Genetic Lab	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0132U	Molecular and Genetic Lab	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0133U	Molecular and Genetic Lab	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0134U	Molecular and Genetic Lab	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0135U	Molecular and Genetic Lab	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020

0136U	Molecular and Genetic Lab	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0137U	Molecular and Genetic Lab	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0138U	Molecular and Genetic Lab	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0153U	Molecular and Genetic Lab	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	eviCore Guidelines	Added April 2020
0156U	Molecular and Genetic Lab	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	eviCore Guidelines	Added April 2020
0157U	Molecular and Genetic Lab	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0158U	Molecular and Genetic Lab	MLH1 (mutL homolog 1) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0159T	Advanced Imaging	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	eviCore Guidelines	(Retired prior to 2020)
0159U	Molecular and Genetic Lab	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0160U	Molecular and Genetic Lab	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0161U	Molecular and Genetic Lab	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0162U	Molecular and Genetic Lab	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0163T	Joint, Spine Surgery	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (list separately in addition to code for primary procedure)	eviCore Guidelines	
0164T	Joint, Spine Surgery	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	eviCore Guidelines	

0165T	Joint, Spine Surgery	Revision including replacement of total disc arthroplasty (artificialdisc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	eviCore Guidelines	
0169U	Molecular and Genetic Lab	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	eviCore Guidelines	Added April 2020
0170U	Molecular and Genetic Lab	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	eviCore Guidelines	Added April 2020
0171U	Molecular and Genetic Lab	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	eviCore Guidelines	Added April 2020
0172U	Molecular and Genetic Lab	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	eviCore Guidelines	Added September 2020
0173U	Molecular and Genetic Lab	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	eviCore Guidelines	Added September 2020
0175U	Molecular and Genetic Lab	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	eviCore Guidelines	Added September 2020
0179U	Molecular and Genetic Lab	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	eviCore Guidelines	Added September 2020
0213T	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	eviCore Guidelines	Added April 2020
0214T	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0215T	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0216T	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	eviCore Guidelines	Added April 2020
0217T	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0218T	Pain Management	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	eviCore Guidelines	Added April 2020
0228T	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical/thoracic; single level	eviCore Guidelines	

0229T	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (list separately in addition to code for primary procedure)	eviCore Guidelines		
0230T	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	eviCore Guidelines		
0231T	Pain Management	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (list separately in addition to code for primary procedure)	eviCore Guidelines		
0274T	Pain Management	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, descectomy, facetectomy and/or foramintomy), any method, under indirect image guidance (e.g. fluoroscopic, ct), single or multiple levels, unilateral or bilateral; cervical or thoracic.	eviCore Guidelines		
0275T	Pain Management	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, descectomy, facetectomy and/or foramintomy), any method, under indirect image guidance (e.g. fluoroscopic, ct), single or multiple levels, unilateral or bilateral; lumbar	eviCore Guidelines		
0312T	Select Outpatient Services	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	SUR712.021	Vagus Nerve Stimulation (VNS)	
0313T	Select Outpatient Services	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	SUR712.021	Vagus Nerve Stimulation (VNS)	
0314T	Select Outpatient Services	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	SUR712.021	Vagus Nerve Stimulation (VNS)	
0315T	Select Outpatient Services	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	SUR712.021	Vagus Nerve Stimulation (VNS)	
0316T	Select Outpatient Services	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	SUR712.021	Vagus Nerve Stimulation (VNS)	
0317T	Select Outpatient Services	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	SUR712.021	Vagus Nerve Stimulation (VNS)	
0394T	Radiation Oncology	HDR electronic brachytherapy, skin surface application, per fraction	eviCore Guidelines		
0395T	Radiation Oncology	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	eviCore Guidelines		
0399T	Cardiology	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)	eviCore Guidelines		(Retired prior to 2020)
0406T	Select Outpatient Services	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant	SUR706.001	Nasal and Sinus Surgery	
0407T	Select Outpatient Services	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with polypectomy, biopsy or debridement	SUR706.001	Nasal and Sinus Surgery	
A0430	Select Outpatient Services	Ambulance service, conventional air services, transport, one way (fixed wing)	ADM1001.005	Ambulance and Medical Transport Services	
A0435	Select Outpatient Services	Fixed wing air mileage per statute mile	ADM1001.006	Ambulance and Medical Transport Services	
A4290	Select Outpatient Services	SACRAL NERVE STIMULATION TEST LEAD, EACH	SUR710.018	Sacral Nerve Neuromodulation/Stimulation	

A4575	Select Outpatient Services	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	THE801.003	Hyperbaric Oxygen (HBO2) Therapy	
A4604	Sleep Medicine	Tubing with integrated heating element for use with positive airway pressure device	eviCore Guidelines		
A7027	Sleep Medicine	Combination oral/nasal mask, used with continuous positive airway pressure device, each	eviCore Guidelines		
A7028	Sleep Medicine	Oral cushion for combination oral/nasal mask, replacement only, each	eviCore Guidelines		
A7029	Sleep Medicine	Nasal pillows for combination oral/nasal mask, replacement only, pair	eviCore Guidelines		
A7030	Sleep Medicine	Full face mask used with positive airway pressure device, each	eviCore Guidelines		
A7031	Sleep Medicine	Face mask interface, replacement for full face mask, each	eviCore Guidelines		
A7032	Sleep Medicine	Cushion for use on nasal mask interface, replacement only, each	eviCore Guidelines		
A7033	Sleep Medicine	Pillow for use on nasal cannula type interface, replacement only, pair	eviCore Guidelines		
A7034	Sleep Medicine	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	eviCore Guidelines		
A7035	Sleep Medicine	Headgear used with positive airway pressure device	eviCore Guidelines		
A7036	Sleep Medicine	Chinstrap used with positive airway pressure device	eviCore Guidelines		
A7037	Sleep Medicine	Tubing used with positive airway pressure device	eviCore Guidelines		
A7038	Sleep Medicine	Filter, disposable, used with positive airway pressure device	eviCore Guidelines		
A7039	Sleep Medicine	Filter, non disposable, used with positive airway pressure device	eviCore Guidelines		
A7044	Sleep Medicine	Oral interface used with positive airway pressure device, each	eviCore Guidelines		
A7045	Sleep Medicine	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	eviCore Guidelines		
A7046	Sleep Medicine	Water chamber for humidifier, used with positive airway pressure device, replacement, each	eviCore Guidelines		
A9513	Radiation Oncology	RT: Lutetium Lu 177, dotatate, therapeutic, 1 mCi RAD: Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m mebrofenin, per mCi	eviCore Guidelines		Added April 2020
A9543	Radiation Oncology	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	eviCore Guidelines		Added April 2020
A9590	Radiation Oncology	Iodine i-131, iobenguane, 1 millicurie	eviCore Guidelines		Added September 2020
A9606	Radiation Oncology	Radium ra-223 dichloride, therapeutic, per microcurie	eviCore Guidelines		
C8900	Advanced Imaging	Magnetic resonance angiography with contrast, abdomen	eviCore Guidelines		
C8901	Advanced Imaging	Magnetic resonance angiography without contrast, abdomen	eviCore Guidelines		
C8902	Advanced Imaging	Magnetic resonance angiography without contrast followed by with contrast, abdomen	eviCore Guidelines		
C8903	Advanced Imaging	Magnetic resonance imaging with contrast, breast; unilateral	eviCore Guidelines		
C8904	Advanced Imaging	Magnetic resonance imaging without contrast, breast; unilateral	eviCore Guidelines		(Retired prior to 2020)
C8905	Advanced Imaging	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	eviCore Guidelines		
C8906	Advanced Imaging	Magnetic resonance imaging with contrast, breast; bilateral	eviCore Guidelines		
C8907	Advanced Imaging	Magnetic resonance imaging without contrast, breast; bilateral	eviCore Guidelines		(Retired prior to 2020)
C8908	Advanced Imaging	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	eviCore Guidelines		

C8909	Advanced Imaging	Magnetic resonance angiography with contrast, chest (excluding myocardium)	eviCore Guidelines	
C8910	Advanced Imaging	Magnetic resonance angiography without contrast, chest (excluding myocardium)	eviCore Guidelines	
C8911	Advanced Imaging	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	eviCore Guidelines	
C8912	Advanced Imaging	Magnetic resonance angiography with contrast, lower extremity	eviCore Guidelines	
C8913	Advanced Imaging	Magnetic resonance angiography without contrast, lower extremity	eviCore Guidelines	
C8914	Advanced Imaging	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	eviCore Guidelines	
C8918	Advanced Imaging	Magnetic resonance angiography with contrast, pelvis	eviCore Guidelines	
C8919	Advanced Imaging	Magnetic resonance angiography without contrast, pelvis	eviCore Guidelines	
C8920	Advanced Imaging	Magnetic resonance angiography without contrast followed by with contrast, pelvis	eviCore Guidelines	
C8931	Advanced Imaging	Magnetic resonance angiography with contrast, spinal canal and contents	eviCore Guidelines	
C8932	Advanced Imaging	Magnetic resonance angiography without contrast, spinal canal and contents	eviCore Guidelines	
C8933	Advanced Imaging	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	eviCore Guidelines	
C8934	Advanced Imaging	Magnetic resonance angiography with contrast, upper extremity	eviCore Guidelines	
C8935	Advanced Imaging	Magnetic resonance angiography without contrast, upper extremity	eviCore Guidelines	
C8936	Advanced Imaging	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	eviCore Guidelines	
C9757	Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	eviCore Guidelines	Added September 2020
E0470	Sleep Medicine	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore Guidelines	
E0471	Sleep Medicine	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	eviCore Guidelines	
E0485	Sleep Medicine	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	eviCore Guidelines	Added September 2020
E0486	Sleep Medicine	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	eviCore Guidelines	Added September 2020
E0561	Sleep Medicine	Humidifier, non-heated, used with positive airway pressure device	eviCore Guidelines	
E0562	Sleep Medicine	Humidifier, heated, used with positive airway pressure device	eviCore Guidelines	
E0601	Sleep Medicine	Continuous positive airway pressure (cpap) device	eviCore Guidelines	
E0745	Select Outpatient Services	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	SUR710.018	Sacral Nerve Neuromodulation/Stimulation
E0748	Joint, Spine Surgery	Osteogenesis stimulator, electrical, non-invasive, spinal applications	eviCore Guidelines	
E0749	Joint, Spine Surgery	Osteogenesis stimulator, electrical, surgically implanted	eviCore Guidelines	

E0760	Select Outpatient Services	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	MED201.033	Functional Neuromuscular Electrical Stimulation (FNMES)	
E0765	Select Outpatient Services	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	SUR709.031	Gastric Electrical Stimulation (GES)	
E0770	Select Outpatient Services	FUNCTIONAL ELECTRIC STIM NOS	MED201.033	Functional Neuromuscular Electrical Stimulation (FNMES)	
G0219	Advanced Imaging	Pet imaging whole body; melanoma for non-covered indications	eviCore Guidelines		
G0235	Advanced Imaging	Pet imaging, any site, not otherwise specified	eviCore Guidelines		
G0252	Advanced Imaging	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)	eviCore Guidelines		
G0260	Pain Management	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	eviCore Guidelines		Removed September 2020
G0277	Select Outpatient Services	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	THE801.003	Hyperbaric Oxygen (HBO2) Therapy	
G0297	Advanced Imaging	Low dose ct scan (ldct) for lung cancer screening	eviCore Guidelines		
G0339	Radiation Oncology	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	eviCore Guidelines		
G0340	Radiation Oncology	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	eviCore Guidelines		
G0398	Sleep Medicine	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	eviCore Guidelines		
G0399	Sleep Medicine	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	eviCore Guidelines		
G0400	Sleep Medicine	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	eviCore Guidelines		
G0458	Radiation Oncology	Low dose rate (LDR) prostate brachytherapy services, composite rate	eviCore Guidelines		Removed September 2020
G6001	Radiation Oncology	Ultrasonic guidance for placement of radiation therapy fields	eviCore Guidelines		
G6002	Radiation Oncology	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	eviCore Guidelines		
G6003	Radiation Oncology	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	eviCore Guidelines		
G6004	Radiation Oncology	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	eviCore Guidelines		
G6005	Radiation Oncology	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	eviCore Guidelines		
G6006	Radiation Oncology	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	eviCore Guidelines		
G6007	Radiation Oncology	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	eviCore Guidelines		

G6008	Radiation Oncology	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	eviCore Guidelines		
G6009	Radiation Oncology	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	eviCore Guidelines		
G6010	Radiation Oncology	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	eviCore Guidelines		
G6011	Radiation Oncology	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	eviCore Guidelines		
G6012	Radiation Oncology	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	eviCore Guidelines		
G6013	Radiation Oncology	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	eviCore Guidelines		
G6014	Radiation Oncology	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	eviCore Guidelines		
G6015	Radiation Oncology	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	eviCore Guidelines		
G6016	Radiation Oncology	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	eviCore Guidelines		
G6017	Radiation Oncology	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	eviCore Guidelines		Added April 2020
G9143	Molecular and Genetic Lab	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	eviCore Guidelines		
L8600	Select Outpatient Services	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	SUR716.010	Mastopexy	
L8614	Select Outpatient Services	COCHLEAR DEVICE/SYSTEM	SUR714.004	Cochlear Implant	
L8615	Select Outpatient Services	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SUR714.004	Cochlear Implant	
L8616	Select Outpatient Services	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SUR714.004	Cochlear Implant	
L8617	Select Outpatient Services	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SUR714.004	Cochlear Implant	
L8618	Select Outpatient Services	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SUR714.004	Cochlear Implant	
L8619	Select Outpatient Services	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	SUR714.004	Cochlear Implant	
L8621	Select Outpatient Services	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	SUR714.004	Cochlear Implant	
L8622	Select Outpatient Services	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	SUR714.004	Cochlear Implant	
L8623	Select Outpatient Services	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH OTHER THAN EAR LEVEL, REPLACEMENT, EACH	SUR714.004	Cochlear Implant	

L8624	Select Outpatient Services	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EARLEVEL, REPLACEMENT, EACHLEVEL, REPLACEMENT, EACH	SUR714.004	Cochlear Implant	
L8627	Select Outpatient Services	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	SUR714.004	Cochlear Implant	
L8628	Select Outpatient Services	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	SUR714.004	Cochlear Implant	
L8629	Select Outpatient Services	TRANSMITTING COIL AND CABLE, INTEGRATED,FOR USE WITH COCHLEAR IMPLANT DEVICE	SUR714.004	Cochlear Implant	
L8690	Select Outpatient Services	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	SUR714.003	Bone Conduction Hearing Aids	
L8691	Select Outpatient Services	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	SUR714.003	Bone Conduction Hearing Aids	
L8693	Select Outpatient Services	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	SUR714.003	Bone Conduction Hearing Aids	
M0076	Pain Management	Prolotherapy	eviCore Guidelines		Added April 2020
S1090	Select Outpatient Services	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	SUR706.001	Nasal and Sinus Surgery	
S2118	Joint, Spine Surgery	Metal-on-metal total hip resurfacing, including acetabular and femoral components	eviCore Guidelines		Added April 2020
S2120	Select Outpatient Services	LOW DENSITY LIPOPROTEIN (LDL) APHERESIS USING HEPARIN-INDUCED EXTRACORPOREAL LDL PRECIPITATION	THE802.003	Lipid Apheresis	
S2360	Joint, Spine Surgery	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	eviCore Guidelines		(Retired prior to 2020)
S2361	Joint, Spine Surgery	Each additional cervical vertebral body (list separately in addition to code for primary procedure)	eviCore Guidelines		(Retired prior to 2020)
S3800	Molecular and Genetic Lab	Genetic testing for amyotrophic lateral sclerosis (ALS)	eviCore Guidelines		
S3840	Molecular and Genetic Lab	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	eviCore Guidelines		
S3841	Molecular and Genetic Lab	Genetic testing for retinoblastoma	eviCore Guidelines		
S3842	Molecular and Genetic Lab	Genetic testing for von hippel-lindau disease	eviCore Guidelines		
S3844	Molecular and Genetic Lab	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	eviCore Guidelines		Added April 2020
S3845	Molecular and Genetic Lab	Genetic testing for alpha-thalassemia	eviCore Guidelines		
S3846	Molecular and Genetic Lab	Genetic testing for hemoglobin e beta-thalassemia	eviCore Guidelines		
S3850	Molecular and Genetic Lab	Genetic testing for sickle cell anemia	eviCore Guidelines		Added April 2020
S3852	Molecular and Genetic Lab	DNA analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	eviCore Guidelines		
S3854	Molecular and Genetic Lab	Gene expression profiling panel for use in the management of breast cancer treatment	eviCore Guidelines		
S3861	Molecular and Genetic Lab	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	eviCore Guidelines		
S3865	Molecular and Genetic Lab	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	eviCore Guidelines		

S3866	Molecular and Genetic Lab	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	eviCore Guidelines	
S3870	Molecular and Genetic Lab	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	eviCore Guidelines	
S8037	Advanced Imaging	Magnetic resonance cholangiopancreatography (mrCP)	eviCore Guidelines	
S8042	Advanced Imaging	Magnetic resonance imaging (mri), low-field	eviCore Guidelines	
S8080	Advanced Imaging	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	eviCore Guidelines	Removed April 2020
S8085	Advanced Imaging	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non- dedicated PET scan)	eviCore Guidelines	
S8092	Advanced Imaging	Electron beam computed tomography (also known as ultrafast ct, cine ct)	eviCore Guidelines	

Please note that checking eligibility and benefits and/or the fact that a service has been preauthorized/pre-notified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

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