



Georgia Local Precertification/Prior Authorization List

Updated: February 6, 2025

Certain items and/or criteria referenced in this document apply to local, fully insured Anthem members in Georgia and select members who are covered under self-insured (administrative services only [ASO]) benefit plans with services medically managed as part of a purchased program. They do not apply to BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, or Federal Employee Program® (FEP®) members. The provider will be notified upon requesting precertification, if precertification is required for the member. If the program has not been purchased, precertification is not required and will not be conducted. For more information, please contact the phone number on the back of the member ID card.

Eligibility and benefits
Eligibility and benefits can be verified by accessing the Anthem website or by calling the number on the back of the member’s ID card. Service preapproval is based on a member’s benefit plan/eligibility at the time the service is reviewed/approved. Benefit plans vary widely and are subject to change based on the contract implementation dates. The provider is responsible for verification of member eligibility and covered benefits. Except in the case of an emergency, failure to obtain preapproval prior to rendering the designated services listed below will result in denial of reimbursement.

Carelon Medical Benefits Management, Inc.
Carelon Medical Benefits Management, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of Georgia for certain health plan members. Determine if preapproval is needed for a Georgia member by clicking the *Medical Policy, Clinical UM Guidelines, and Preapproval Requirements* link on our provider website or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact Carelon Medical Benefits Management online at **providerportal.com**. From the dropdown menu, select GA. You may also call Carelon Medical Benefits Management toll-free at **866-714-1103**, Monday to Friday, 8 a.m. to 6 p.m. ET.

Carelon Medical Benefits Management provides benefits management for the programs listed below:

- > Advanced Imaging
- > Cancer Care Quality Program
- > Cardiovascular Services
- > Diagnostic Imaging Management
- > Genetic Testing
- > Imaging Level of Care
- > Musculoskeletal (MSK) Program
- > Oncology Drugs
- > Outpatient Sleep Testing and Therapy Services
- > Rehabilitative Services
- > Radiation Therapy Services
- > Sleep Therapy
- > Upper Gastrointestinal Endoscopy in Adults, and Site of Care for Certain Surgical Services

For more details on these programs, go to the Carelon Medical Benefits Management website at **providerportal.com**. By visiting this link, you will be linked to websites created and/or maintained by another, separate entity (“External Site”). Upon linking, you are subject to the terms of use, privacy, copyright, and security policies of the External Sites. We provide these links solely for your information and convenience. We encourage you to review the privacy practices of the External Sites.

Reviewed by Carelon Medical Benefits Management:

Code	Code description	Responsible party	Criteria/Guideline	Comments
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
20560	Needle insertion(s) without Injection(s); 1 or 2 muscle(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
20561	Needle insertion(s) without Injection(s); 3 or more muscles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine, CG-SURG-45, CG-SURG-65	
20931	Allograft, structural, for spine surgery only	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (in other words, hemicylindrical)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (in other words, cylindrical)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20936	Autograft for spine surgery only (includes harvesting the graft); local (for example, ribs, spinous process, or laminar fragments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); each additional vertebral segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22505	Manipulation of spine requiring anesthesia, any region	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral Injection, inclusive of all imaging, Guidance; cervicothoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral Injection, inclusive of all imaging guidance; lumbosacral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22512	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (for example, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (for example, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (for example, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22633	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22634	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, lumbar; each additional interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22830	Exploration of spinal fusion	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22840	Posterior non-segmental instrumentation (for example, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22841	Internal spinal fixation by wiring of spinous processes	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22842	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22843	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22844	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22845	Anterior instrumentation; 2 to 3 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22846	Anterior instrumentation; 4 to 7 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22847	Anterior instrumentation; 8 or more vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22849	Reinsertion of spinal fixation device	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22853	Insertion of interbody biomechanical device(s) (for example, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (for example, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22854	Insertion of intervertebral biomechanical device(s) (for example, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (for example, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine, CG-SURG-60	
22859	Insertion of intervertebral biomechanical device(s) (for example, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23120	Claviculectomy; Partial	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23410	Repair of ruptured musculotendinous cuff (for example, rotator cuff) open; acute	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23412	Repair of ruptured musculotendinous cuff (for example, rotator cuff) open; chronic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23415	Coracoacromial ligament release, with or without acromioplasty	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23430	Tenodesis of long tendon of biceps	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23440	Resection or transplantation of long tendon of biceps	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23455	Capsulorrhaphy, anterior; with labral repair (for example, Bankart procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23460	Capsulorrhaphy, anterior, any type; with bone block	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (for example, total shoulder))	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
24300	Manipulation, elbow, under anesthesia	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
25259	Manipulation, wrist, under anesthesia	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
26340	Manipulation, finger joint, under anesthesia, each joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	

Code	Code description	Responsible party	Criteria/Guideline	Comments
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
27120	Acetabuloplasty; (for example, Whitman, Colonna, Haygroves, or cup type)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27122	Acetabuloplasty; resection, femoral head (for example, Girdlestone procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27125	Hemiarthroplasty, hip, partial (for example, femoral stem prosthesis, bipolar arthroplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-53	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-53	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-53	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-53	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-53	
27275	Manipulation, hip joint, requiring general anesthesia	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27345	Excision of synovial cyst of popliteal space (for example, Baker's cyst)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27403	Arthrotomy with meniscus repair, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27412	Autologous chondrocyte implantation, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
27415	Osteochondral allograft, knee, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
27416	Osteochondral autograft(s), knee, open (for example, mosaicplasty) (includes harvesting of autograft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
27425	Lateral retinacular release, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	

Code	Code description	Responsible party	Criteria/Guideline	Comments
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27437	Arthroplasty, patella; without prosthesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27438	Arthroplasty, patella; with prosthesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27440	Arthroplasty, knee, tibial plateau;	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27445	Arthroplasty, knee, hinge prosthesis (for example, Walldius type)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-54	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-54	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-54	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-54	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27702	Arthroplasty, ankle; with implant (total ankle)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
27703	Arthroplasty, ankle; revision, total ankle	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
27704	Removal of ankle implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
27870	Arthrodesis, ankle, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28285	Correction, hammertoe (for example, interphalangeal fusion, partial or total phalangectomy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28286	Correction, cock-up fifth toe, with plastic skin closure (for example, Ruiz-Mora type procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	

Code	Code description	Responsible party	Criteria/Guideline	Comments
28295	Correction, hallux valgus (bunion), with or without sesamoidectomy;with proximal metatarsal osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28315	Sesamoidectomy, first toe (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
28750	Arthrodesis, great toe; metatarsophalangeal joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Small Joint	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (for example, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	

Code	Code description	Responsible party	Criteria/Guideline	Comments
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (for example, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (in other words, arch) release, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29863	Arthroscopy, hip, surgical; with synovectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (for example, mosaicplasty) (includes harvesting of the autograft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
29867	Arthroscopy, knee, surgical; osteochondral allograft (for example, mosaicplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-69	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29873	Arthroscopy, knee, surgical; with lateral release	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (for example, osteochondritis dissecans fragmentation, chondral fragmentation)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29875	Arthroscopy, knee, surgical; synovectomy, limited (for example, plica or shelf resection) (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more, Compartments (for example, medial or lateral)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	

Code	Code description	Responsible party	Criteria/Guideline	Comments
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate, Compartment(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate, Compartment(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
29914	Arthroscopy, hip, surgical; with femoroplasty (in other words, treatment of cam lesion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-68	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (in other words, treatment of pincer lesion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-68	
29916	Arthroscopy, hip, surgical; with labral repair	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-68	
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management Radiation Therapy	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43243	Esophagogastroduodenoscopy, flexible, transoral; with Injection, Sclerosis of esophageal/gastric varices	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (for example, balloon, bougie)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
47999	Unlisted procedure, biliary tract	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple Injection(s), including image guidance, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
58346	Insertion of Heyman capsules for clinical brachytherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
61800	Application of stereotactic headframe for stereotactic radiosurgery	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
62290	Injection procedure for discography, each level; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
62320	Injection(s), of diagnostic or therapeutic substance(s) (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
62321	Injection(s), of diagnostic or therapeutic substance(s) (for example, 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 (in other words, fluoroscopy or CT)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
62322	Injection(s), of diagnostic or therapeutic substance(s) (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	

Code	Code description	Responsible party	Criteria/Guideline	Comments
62323	Injection(s), of diagnostic or therapeutic substance(s) (for example, 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 (in other words, fluoroscopy or CT)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (for example, spinal stenosis), 1 or 2 vertebral segments; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (for example, spinal stenosis), 1 or 2 vertebral segments; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (for example, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63012	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (for example, spinal stenosis), more than 2 vertebral segments; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine, CG-SURG-97	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (for example, spinal stenosis), more than 2 vertebral segments; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (for example, spinal stenosis), more than 2 vertebral segments; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63035	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63043	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63044	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [for example, spinal or lateral recess stenosis]), single vertebral segment; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [for example, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [for example, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [for example, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63051	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 [for example, wire, suture, mini-plates], when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [for example, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [for example, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (for example, herniated intervertebral disc), single segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (for example, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (for example, far lateral herniated intervertebral disc)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (for example, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (for example, for tumor or retropulsed bone fragments); thoracic, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (for example, for tumor or retropulsed bone fragments); lumbar, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (for example, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63191	Laminectomy with section of spinal accessory nerve	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63200	Laminectomy, with release of tethered spinal cord, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain, CG-SURG-66	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain, CG-SURG-66	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging, Guidance (fluoroscopy or CT); cervical or thoracic, single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging, Guidance (fluoroscopy or CT); cervical or thoracic, each additional level	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging, Guidance (fluoroscopy or CT); lumbar or sacral, single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging, Guidance (fluoroscopy or CT); lumbar or sacral, each additional level	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64490	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64491	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64492	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64493	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64494	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64495	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	

Code	Code description	Responsible party	Criteria/Guideline	Comments
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (in other words, fluoroscopy or computed tomography)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
67218	Destruction of localized lesion of retina (for example, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
70336	Magnetic resonance (for example, proton) imaging, temporomandibular joint(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70450	Computed tomography, head or brain; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70460	Computed tomography, head or brain; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70486	Computed tomography, maxillofacial area; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70487	Computed tomography, maxillofacial area; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70490	Computed tomography, soft tissue neck; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70491	Computed tomography, soft tissue neck; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70540	Magnetic resonance (for example, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70542	Magnetic resonance (for example, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70543	Magnetic resonance (for example, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70544	Magnetic resonance angiography, head; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70545	Magnetic resonance angiography, head; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70547	Magnetic resonance angiography, neck; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70548	Magnetic resonance angiography, neck; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70551	Magnetic resonance (for example, proton) imaging, brain (including brain stem); without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70552	Magnetic resonance (for example, proton) imaging, brain (including brain stem); with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70553	Magnetic resonance (for example, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70554	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71250	Computed tomography, thorax, diagnostic; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71550	Magnetic resonance (for example, proton) imaging, chest (for example, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71551	Magnetic resonance (for example, proton) imaging, chest (for example, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71552	Magnetic resonance (for example, proton) imaging, chest (for example, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72125	Computed tomography, cervical spine; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72126	Computed tomography, cervical spine; with contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72128	Computed tomography, thoracic spine; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72129	Computed tomography, thoracic spine; with contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72131	Computed tomography, lumbar spine; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72132	Computed tomography, lumbar spine; with contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72141	Magnetic resonance (for example, proton) imaging, spinal canal and contents, cervical; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72142	Magnetic resonance (for example, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72146	Magnetic resonance (for example, proton) imaging, spinal canal and contents, thoracic; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72147	Magnetic resonance (for example, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
72148	Magnetic resonance (for example, proton) imaging, spinal canal and contents, lumbar; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72149	Magnetic resonance (for example, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72156	Magnetic resonance (for example, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72157	Magnetic resonance (for example, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72158	Magnetic resonance (for example, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72192	Computed tomography, pelvis; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72193	Computed tomography, pelvis; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72195	Magnetic resonance (for example, proton) imaging, pelvis; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72196	Magnetic resonance (for example, proton) imaging, pelvis; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72197	Magnetic resonance (for example, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
72295	Discography, lumbar, radiological supervision and interpretation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73200	Computed tomography, upper extremity; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73201	Computed tomography, upper extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73218	Magnetic resonance (for example, proton) imaging, upper extremity, other than joint; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
73219	Magnetic resonance (for example, proton) imaging, upper extremity, other than joint; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73220	Magnetic resonance (for example, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73221	Magnetic resonance (for example, proton) imaging, any joint of upper extremity; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73222	Magnetic resonance (for example, proton) imaging, any joint of upper extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73223	Magnetic resonance (for example, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73700	Computed tomography, lower extremity; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73701	Computed tomography, lower extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73719	Magnetic resonance (for example, proton) imaging, lower extremity other than joint; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73720	Magnetic resonance (for example, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73721	Magnetic resonance (for example, proton) imaging, any joint of lower extremity; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73722	Magnetic resonance (for example, proton) imaging, any joint of lower extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73723	Magnetic resonance (for example, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74150	Computed tomography, abdomen; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74160	Computed tomography, abdomen; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74176	Computed tomography, abdomen and pelvis; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74178	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74181	Magnetic resonance (for example, proton) imaging, abdomen; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74182	Magnetic resonance (for example, proton) imaging, abdomen; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74183	Magnetic resonance (for example, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
74712	Magnetic resonance (for example, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
75572	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75573	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 left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75574	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
76390	Magnetic resonance spectroscopy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
76391	Magnetic resonance (for example, vibration) elastography	Carelon Medical Benefits Management	Radiology & Cardiology	
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
76965	Ultrasonic guidance for interstitial radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77014	Computed tomography guidance for placement of radiation therapy fields	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
77048	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
77049	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (for example, hips, pelvis, spine)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
77084	Magnetic resonance (for example, proton) imaging, bone marrow blood supply	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77370	Special medical radiation physics consultation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, THER-RAD.00012	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77402	Radiation treatment delivery, => 1 MeV; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77407	Radiation treatment delivery, => 1 MeV; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77412	Radiation treatment delivery, => 1 MeV; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, THER-RAD.00012	
77469	Intraoperative radiation treatment management	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77470	Special treatment procedure (for example, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77520	Proton treatment delivery; simple, without compensation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77522	Proton treatment delivery; simple, with compensation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77523	Proton treatment delivery; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77525	Proton treatment delivery; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77761	Intracavitary radiation source application; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77762	Intracavitary radiation source application; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77763	Intracavitary radiation source application; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
77790	Supervision, handling, loading of radiation source	Carelon Medical Benefits Management	Carelon Medical Benefits Management Radiation Therapy	
78429	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78430	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78431	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
78432	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 (for example, myocardial viability);	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78433	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 (for example, myocardial viability); with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78451	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78452	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78453	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78454	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78472	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
78473	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78481	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78483	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78491	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78492	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (for example, head, neck, chest, pelvis) or acquisition, single day imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation therapy	
78811	Positron emission tomography (PET) imaging; limited area (for example, chest, head/neck)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78813	Positron emission tomography (PET) imaging; whole body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (for example, chest, head/neck)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
79101	Radiopharmaceutical therapy, by intravenous administration	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0112, CC-0118	
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0118	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (for example, glioma), common variants (for example, R132H, R132C)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (for example, glioma), common variants (for example, R140W, R172M)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81161	DMD (dystrophin) (for example, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian, Cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (in other words, detection of large gene rearrangements)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian, Cancer) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian, Cancer) gene analysis; full duplication/deletion analysis (in other words, detection of large gene rearrangements)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81165	BRCA1 (BRCA1, DNA repair associated) (for example, hereditary breast and ovarian, Cancer) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81166	BRCA1 (BRCA1, DNA repair associated) (for example, hereditary breast and ovarian, Cancer) gene analysis; full duplication/deletion analysis (in other words, detection of large gene rearrangements)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81167	BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian, Cancer) gene analysis; full duplication/deletion analysis (in other words, detection of large gene rearrangements)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (for example, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (for example, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (for example, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (for example, expanded size and methylation status)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81173	AR (androgen receptor) (for example, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81174	AR (androgen receptor) (for example, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (for example, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (for example, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (for example, exon 12)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81177	ATN1 (atrophin 1) (for example, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81178	ATXN1 (ataxin 1) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81179	ATXN2 (ataxin 2) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81180	ATXN3 (ataxin 3) (for example, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81181	ATXN7 (ataxin 7) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81182	ATXN8OS (ATXN8 opposite strand [non-protein, Coding]) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81183	ATXN10 (ataxin 10) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (for example, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (for example, spinocerebellar ataxia) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (for example, spinocerebellar ataxia) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (for example, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81188	CSTB (cystatin B) (for example, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81189	CSTB (cystatin B) (for example, Unverricht-Lundborg disease) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81190	CSTB (cystatin B) (for example, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (for example, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (for example, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (for example, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (for example, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81200	Aspa (Aspartoacylase) (for example, Canavan Disease) Gene Analysis, Common Variants (for example, E285A, Y231X)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81201	APC (adenomatous polyposis coli) (for example, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing, GENE.00028	
81202	APC (adenomatous polyposis coli) (for example, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81203	APC (adenomatous polyposis coli) (for example, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81204	AR (androgen receptor) (for example, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (for example, expanded size or methylation status)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (for example, maple syrup urine disease) gene analysis, common variants (for example, R183P, G278S, E422X)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81206	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81207	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81208	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81209	BLM (Bloom syndrome, RecQ helicase-like) (for example, Bloom syndrome) gene analysis, 2281del6ins7 variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (for example, colon cancer, melanoma), gene analysis, V600 variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81215	BRCA1 (BRCA1, DNA repair associated) (for example, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81216	BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81217	BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (for example, acute myeloid leukemia), gene analysis, full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81219	CALR (calreticulin) (for example, myeloproliferative disorders), gene analysis, common variants in exon 9	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (for example, cystic fibrosis) gene analysis; common variants (for example, ACMG/ACOG guidelines)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (for example, cystic fibrosis) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (for example, cystic fibrosis) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (for example, cystic fibrosis) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (for example, cystic fibrosis) gene analysis; intron 8 poly-T analysis (for example, male infertility)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (for example, drug metabolism), gene analysis, common variants (for example, *2, *3, *4, *8, *17)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism), gene analysis, common variants (for example, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (for example, drug metabolism), gene analysis, common variants (for example, *2, *3, *5, *6)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (for example, drug metabolism), gene analysis, common variant(s) (for example, *2, *22)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (for example, drug metabolism), gene analysis, common variants (for example, *2, *3, *4, *5, *6, *7)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81232	DPYD (dihydropyrimidine dehydrogenase) (for example, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (for example, *2A, *4, *5, *6)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81233	BTK (Bruton's tyrosine kinase) (for example, chronic lymphocytic leukemia) gene analysis, common variants (for example, C481S, C481R, C481F)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81234	DMPK (DM1 protein kinase) (for example, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81235	EGFR (epidermal growth factor receptor) (for example, non-small cell lung cancer) gene analysis, common variants (for example, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (for example, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (for example, diffuse large B-cell lymphoma) gene analysis, common variant(s) (for example, codon 646)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81239	DMPK (DM1 protein kinase) (for example, myotonic dystrophy type 1) gene analysis; characterization of alleles (for example, expanded size)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81240	F2 (prothrombin, coagulation factor II) (for example, hereditary hypercoagulability) gene analysis, 20210G>A variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81241	F5 (coagulation factor V) (for example, hereditary hypercoagulability) gene analysis, Leiden variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81242	FANCC (Fanconi anemia, complementation group C) (for example, Fanconi anemia, type C) gene analysis, common variant (for example, IVS4+4A>T)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (for example, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (for example, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (for example, expanded size and promoter methylation status)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81245	FLT3 (fms-related tyrosine kinase 3) (for example, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (in other words, exons 14, 15)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81246	FLT3 (fms-related tyrosine kinase 3) (for example, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (for example, D835, I836)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81247	G6PD (glucose-6-phosphate dehydrogenase) (for example, hemolytic anemia, jaundice), gene analysis; common variant(s) (for example, A, A-)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81248	G6PD (glucose-6-phosphate dehydrogenase) (for example, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81249	G6PD (glucose-6-phosphate dehydrogenase) (for example, hemolytic anemia, jaundice), gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (for example, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (for example, R83C, Q347X)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81251	GBA (glucosidase, beta, acid) (for example, Gaucher disease) gene analysis, common variants (for example, N370S, 84GG, L444P, IVS2+1G>A)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (for example, nonsyndromic hearing loss) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (for example, nonsyndromic hearing loss) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (for example, nonsyndromic hearing loss) gene analysis, common variants (for example, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (for example, Tay-Sachs disease) gene analysis, common variants (for example, 1278insTATC, 1421+1G>C, G269S)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81256	HFE (hemochromatosis) (for example, hereditary hemochromatosis) gene analysis, common variants (for example, C282Y, H63D)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (for example, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (for example, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (for example, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (for example, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase, Complex-associated protein) (for example, familial dysautonomia) gene analysis, common variants (for example, 2507+6T>C, R696P)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81261	IGH@ (Immunoglobulin heavy chain locus) (for example, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (for example, polymerase chain reaction)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81262	IGH@ (Immunoglobulin heavy chain locus) (for example, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (for example, Southern blot)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81263	IGH@ (Immunoglobulin heavy chain locus) (for example, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81264	IGK@ (Immunoglobulin kappa light chain locus) (for example, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (for example, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [for example, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (for example, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81270	JAK2 (Janus kinase 2) (for example, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81271	HTT (huntingtin) (for example, Huntington disease) gene analysis; evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (for example, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (for example, exons 8, 11, 13, 17, 18)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (for example, mastocytosis), gene analysis, D816 variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81274	HTT (huntingtin) (for example, Huntington disease) gene analysis; characterization of alleles (for example, expanded size)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (for example, Carcinoma) Gene Analysis, Variants In, Codons 12 And 13	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (for example, carcinoma) gene analysis; additional variant(s) (for example, codon 61, codon 146)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81278	IGH@/BCL2 (t(14;18)) (for example, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81279	JAK2 (Janus kinase 2) (for example, myeloproliferative disorder) targeted sequence analysis (for example, exons 12 and 13)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81283	IFNL3 (interferon, lambda 3) (for example, drug response), gene analysis, rs12979860 variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81284	FXN (frataxin) (for example, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81285	FXN (frataxin) (for example, Friedreich ataxia) gene analysis; characterization of alleles (for example, expanded size)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81286	FXN (frataxin) (for example, Friedreich ataxia) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (for example, glioblastoma multiforme) promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81288	MLH1 (mutL homolog 1, colon, Cancer, nonpolyposis type 2) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81289	FXN (frataxin) (for example, Friedreich ataxia) gene analysis; known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81290	MCOLN1 (mucolipin 1) (for example, Mucolipidosis, type IV) gene analysis, common variants (for example, IVS3-2A>G, del6.4kb)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (for example, hereditary hypercoagulability) gene analysis, common variants (for example, 677T, 1298C)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81298	MSH6 (mutS homolog 6 [E. coli]) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81299	MSH6 (mutS homolog 6 [E. coli]) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81300	MSH6 (mutS homolog 6 [E. coli]) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81301	Microsatellite instability analysis (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (for example, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81302	MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81303	MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81304	MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81305	MYD88 (myeloid differentiation primary response 88) (for example, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81306	NUDT15 (nudix hydrolase 15) (for example, drug metabolism) gene analysis, common variant(s) (for example, *2, *3, *4, *5, *6)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81307	PALB2 (partner and localizer of BRCA2) (for example, breast and pancreatic cancer) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81308	PALB2 (partner and localizer of BRCA2) (for example, breast and pancreatic cancer) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (for example, colorectal and breast cancer) gene analysis, targeted sequence analysis (for example, exons 7, 9,	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81310	NPM1 (nucleophosmin) (for example, acute myeloid leukemia) gene analysis, exon 12 variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (for example, colorectal carcinoma), gene analysis, variants in exon 2 (for example, codons 12 and 13) and exon 3 (for example, codon 61)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81312	PABPN1 (poly[A] binding protein nuclear 1) (for example, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81313	PCA3/KLK3 (prostate, Cancer antigen 3 [non-protein, Coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (for example, prostate, Cancer)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (for example, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (for example, exons 12, 18)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (for example, promyelocytic leukemia) translocation analysis; common breakpoints (for example, intron 3 and intron 6), qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (for example, promyelocytic leukemia) translocation analysis; single breakpoint (for example, intron 3, intron 6 or exon 6), qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81320	PLCG2 (phospholipase C gamma 2) (for example, chronic lymphocytic leukemia) gene analysis, common variants (for example, R665W, S707F, L845F)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81321	PTEN (phosphatase and tensin homolog) (for example, Cowden, Syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81322	PTEN (phosphatase and tensin homolog) (for example, Cowden, Syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81323	PTEN (phosphatase and tensin homolog) (for example, Cowden, Syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81324	PMP22 (peripheral myelin protein 22) (for example, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81325	PMP22 (peripheral myelin protein 22) (for example, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81326	PMP22 (peripheral myelin protein 22) (for example, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81327	SEPT9 (Septin9) (for example, colorectal cancer) promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81328	SLCO1B1 (solute, Carrier organic anion transporter family, member 1B1) (for example, adverse drug reaction), gene analysis, common variant(s) (for example, *5)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81329	SMN1 (survival of motor neuron 1, telomeric) (for example, spinal muscular atrophy) gene analysis; dosage/deletion analysis (for example, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (for example, Niemann-Pick disease, Type A) gene analysis, common variants (for example, R496L, L302P, fsP330)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (for example, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (for example, alpha-1-antitrypsin deficiency), gene analysis, common variants (for example, *S and *Z)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81333	TGFB1 (transforming, Growth factor beta-induced) (for example, corneal dystrophy) gene analysis, common variants (for example, R124H, R124C, R124L, R555W, R555Q)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81334	RUNX1 (runt related transcription factor 1) (for example, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (for example, exons 3-8)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81336	SMN1 (survival of motor neuron 1, telomeric) (for example, spinal muscular atrophy) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81337	SMN1 (survival of motor neuron 1, telomeric) (for example, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (for example, myeloproliferative disorder) gene analysis; common variants (for example, W515A, W515K, W515L, W515R)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (for example, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81340	TRB@ (T cell antigen receptor, beta) (for example, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (for example, polymerase chain reaction)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81341	TRB@ (T cell antigen receptor, beta) (for example, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (for example, Southern blot)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81342	TRG@ (T cell antigen receptor, gamma) (for example, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81344	TBP (TATA box binding protein) (for example, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (for example, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81345	TERT (telomerase reverse transcriptase) (for example, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (for example, promoter region)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81346	TYMS (thymidylate synthetase) (for example, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (for example, tandem repeat variant)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

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81347	SF3B1 (splicing factor [3b] subunit B1) (for example, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (for example, A672T, E622D, L833F, R625C, R625L)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
83148	SRSF2 (serine and arginine-rich splicing factor 2) (for example, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (for example, P95H, P95L)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (for example, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (for example, *28, *36, *37)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81351	TP53 (tumor protein 53) (for example, Li-Fraumeni syndrome) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81352	TP53 (tumor protein 53) (for example, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (for example, 4 oncology)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81353	TP53 (tumor protein 53) (for example, Li-Fraumeni syndrome) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (for example, warfarin metabolism), gene analysis, common variant(s) (for example, -1639G>A, c.173+1000C>T)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (for example, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (for example, S34F, S34Y, Q157R, Q157P)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (for example, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (for example, E65fs, E122fs, R448fs)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81361	HBB (hemoglobin, subunit beta) (for example, sickle, Cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (for example, HbS, HbC, HbE)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81362	HBB (hemoglobin, subunit beta) (for example, sickle, Cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81363	HBB (hemoglobin, subunit beta) (for example, sickle, Cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81364	HBB (hemoglobin, subunit beta) (for example, sickle, Cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81378	HLA Class I and II typing, high resolution (in other words, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81379	HLA Class I typing, high resolution (in other words, alleles or allele groups); complete (in other words, HLA-A, -B, and -C)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81380	HLA Class I typing, high resolution (in other words, alleles or allele groups); one locus (for example, HLA-A, -B, or -C), each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81381	HLA Class I typing, high resolution (in other words, alleles or allele groups); one allele or allele group (for example, B*57:01P), each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81400	Molecular pathology procedure, Level 1 (for example, identification of single germline variant [for example, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81401	Molecular pathology procedure, Level 2 (for example, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81402	Molecular pathology procedure, Level 3 (for example, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81403	Molecular pathology procedure, Level 4 (for example, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81404	Molecular pathology procedure, Level 5 (for example, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81405	Molecular pathology procedure, Level 6 (for example, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81406	Molecular pathology procedure, Level 7 (for example, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81407	Molecular pathology procedure, Level 8 (for example, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81408	Molecular pathology procedure, Level 9 (for example, analysis of >50 exons in a single gene by DNA sequence analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81410	Aortic dysfunction or dilation (for example, 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,	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81411	Aortic dysfunction or dilation (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81412	Ashkenazi Jewish associated disorders (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81413	Cardiac ion, Channelopathies (for example, 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, KCN	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81414	Cardiac ion, Channelopathies (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81415	Exome (for example, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81416	Exome (for example, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (for example, parents, siblings)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81417	Exome (for example, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (for example, updated knowledge or unrelated condition/syndrome)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81425	Genome (for example, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81426	Genome (for example, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (for example, parents, siblings)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81427	Genome (for example, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (for example, updated knowledge or unrelated condition/syndrome)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81430	Hearing loss (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81431	Hearing loss (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81432	Hereditary breast cancer-related disorders (for example, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81433	Hereditary breast cancer-related disorders (for example, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81434	Hereditary retinal disorders (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81435	Hereditary colon cancer disorders (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81436	Hereditary colon cancer disorders (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81437	Hereditary neuroendocrine tumor disorders (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81438	Hereditary neuroendocrine tumor disorders (for example, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81439	Hereditary cardiomyopathy (for example, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (for example, DSG2, MYBPC3, MYH7, PKP2, TTN)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81440	Nuclear encoded mitochondrial genes (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81441	Inherited bone marrow failure syndromes (IBMFS) (for example, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81442	Noonan spectrum disorders (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81443	Genetic testing for severe inherited conditions (for example, cystic fibrosis, Ashkenazi Jewish-associated disorders [for example, 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 (for example, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81448	Hereditary peripheral neuropathies (for example, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (for example, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (for example, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequenc	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81460	Whole mitochondrial genome (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (for example, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (for example, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (for example, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81465	Whole mitochondrial genome large deletion analysis panel (for example, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81470	X-linked intellectual disability (XLID) (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81471	X-linked intellectual disability (XLID) (for example, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81479	Unlisted molecular pathology procedure	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81493	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81507	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81518	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81519	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81520	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81521	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81522	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81525	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81540	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81541	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (for example, benign or suspicious)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81551	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81552	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (for example, positive or negative for high probability of usual interstitial pneumonia [UIP])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92521	Evaluation of speech fluency (for example, stuttering, cluttering)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92522	Evaluation of speech sound production (for example, articulation, phonological process, apraxia, dysarthria)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92523	Evaluation of speech sound production (for example, articulation, phonological process, apraxia, dysarthria); with evaluation of language, Comprehension and expression (for example, receptive and expressive language)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92524	Behavioral and qualitative analysis of voice and resonance	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92610	Evaluation of oral and pharyngeal swallowing function	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92630	Auditory rehabilitation; prelingual hearing loss	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92633	Auditory rehabilitation; postlingual hearing loss	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
92972	Percutaneous transluminal coronary lithotripsy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93454	Catheter placement in, Coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural Injection(s) for bypass graft angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93456	Catheter placement in, Coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural Injection(s) for bypass graft angiography and right heart catheterization	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural Injection(s) for left ventriculography, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural Injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural Injection(s) for left ventriculography, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural Injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural Injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93600	Bundle of His recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93602	Intra-atrial recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93603	Right ventricular recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93613	Intracardiac electrophysiologic 3-dimensional mapping	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
93880	Duplex scan of extracranial arteries; complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93882	Duplex scan of extracranial arteries; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (for example, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (for example, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (for example, measurements with postural provocative tests, or measurements with reactive hyperemia)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (in other words, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95783	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	

Code	Code description	Responsible party	Criteria/Guideline	Comments
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen, Saturation, respiratory analysis (for example, by airflow or peripheral arterial tone), and sleep time	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen, Saturation, and respiratory analysis (for example, by airflow or peripheral arterial tone)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (for example, thoracoabdominal movement)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95811	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (for example, epileptic cerebral cortex localization)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology	
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (for example, sensory, motor, language, or visual cortex localization)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology	
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (for example, sensory, motor, language, or visual cortex localization)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology	
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
97010	Application of a modality to 1 or more areas; hot or cold packs	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97012	Application of a modality to 1 or more areas; traction, mechanical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97018	Application of a modality to 1 or more areas; paraffin bath	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97022	Application of a modality to 1 or more areas; whirlpool	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97024	Application of a modality to 1 or more areas; diathermy (for example, microwave)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97026	Application of a modality to 1 or more areas; infrared	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97028	Application of a modality to 1 or more areas; ultraviolet	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97129	Therapeutic interventions that focus on cognitive function (for example, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (for example, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: REHAB	
97130	Therapeutic interventions that focus on cognitive function (for example, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (for example, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: REHAB	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97140	Manual therapy techniques (for example, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97150	Therapeutic procedure(s), group (2 or more individuals)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (in other words, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (for example, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (in other words, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (for example, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (in other words, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (for example, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Occupational Therapy	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97535	Self-care/home management training (for example, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97537	Community/work reintegration training (for example, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97542	Wheelchair management (for example, assessment, fitting, training), each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97545	Work hardening/conditioning; initial 2 hours	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97546	Work hardening/conditioning; each additional hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97750	Physical performance test or measurement (for example, musculoskeletal, functional capacity), with written report, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97755	Assistive technology assessment (for example, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
0001U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0012M	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0013M	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0018U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0019U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0022U	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 or absence of variants and associated therapy(ies) to consider	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0026U	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")	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0027U	JAK2 (Janus kinase 2) (for example, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (in other words, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (in other words, CYP2C9, CYP4F2, VKORC1, rs12777823)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(for example, drug metabolism) gene analysis, common variants (in other words, *1F, *1K, *6, *7)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (for example, citalopram metabolism) gene analysis, common variants (in other words, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(for example, thiopurine metabolism), gene analysis, common variants (in other words, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *1	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0036U	Exome (in other words, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0037U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0040U	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0045U	Oncology (breast ductal carcinoma in situ), 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 recurrence score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0046U	FLT3 (fms-related tyrosine kinase 3) (for example, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0047U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0048U	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0049U	NPM1 (nucleophosmin) (for example, acute myeloid leukemia) gene analysis, quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, common and select rare variants (in other words, *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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (in other words, CYP2D6-2D7 hybrid gene)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (in other words, CYP2D7-2D6 hybrid gene)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (in other words, non-duplicated gene when duplication/multiplication is trans)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (in other words, 5' gene duplication/multiplication)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (for example, drug metabolism) gene analysis, targeted sequence analysis (in other words, 3' gene duplication/multiplication)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (in other words, 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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms(SNPs), urine and buccal DNA, for specimen identity verification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0090U	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 (in other words, benign, indeterminate, malignant)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0094U	Genome (for example, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine, CG-SURG-60	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine, CG-SURG-60	
0101U	Hereditary colon cancer disorders (for example, 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])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0102U	Hereditary breast cancer-related disorders (for example, 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]) ²	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0103U	Hereditary ovarian cancer (for example, 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])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0111U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0113U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0120U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0129U	Hereditary breast cancer-related disorders (for example, 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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0130U	Hereditary colon cancer disorders (for example, 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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0131U	Hereditary breast cancer-related disorders (for example, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0132U	Hereditary ovarian cancer-related disorders (for example, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0134U	Hereditary pan cancer (for example, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0135U	Hereditary gynecological cancer (for example, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0136U	ATM (ataxia telangiectasia mutated) (for example, ataxia telangiectasia) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0137U	PALB2 (partner and localizer of BRCA2) (for example, breast and pancreatic cancer) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (for example, hereditary breast and ovarian cancer) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0153U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (in other words, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (for example, breast cancer) gene analysis (in other words, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0156U	Copy number (for example, intellectual disability, dysmorphology), sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0157U	APC (APC regulator of WNT signaling pathway) (for example, familial adenomatosis polyposis [FAP]) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0158U	MLH1 (mutL homolog 1) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0159U	MSH2 (mutS homolog 2) (for example, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0160U	MSH6 (mutS homolog 6) (for example, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (for example, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (for example, drug metabolism) gene analysis, common variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0171U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0172U	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0173U	Psychiatry (in other words, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0175U	Psychiatry (for example, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0179U	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (for example, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (for example, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral Injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral Injections, including the use of a balloon or mechanical device, when used, 2 or more needles	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (for example, parent, sibling)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0214T	injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0215T	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (for example, parent, sibling)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0218T	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (for example, colorectal cancer) promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0230U	AR (androgen receptor) (for example, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (for example, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0232U	CSTB (cystatin B) (for example, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0233U	FXN (frataxin) (for example, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0234U	MECP2 (methyl CpG binding protein 2) (for example, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0235U	PTEN (phosphatase and tensin homolog) (for example, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (for example, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0237U	Cardiac ion channelopathies (for example, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (for example, drug metabolism) gene analysis, common variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (for example, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (in other words, negative, low probability of neoplasia or positive, high probability of neoplasia)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (in other words, benign, intermediate, malignant)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (in other words, Class 1, Class 2A, Class 2B)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (for example, parent)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0401U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0411U	Psychiatry (for example, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0419U	Neuropsychiatry (for example, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0423U	Psychiatry (for example, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0425U	Genome (for example, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (for example, parents, siblings)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0426U	Genome (for example, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC, CG-MED-59	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC, CG-MED-59	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC, CG-MED-59	
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (for example, organ, gland, tissue, target structure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (for example, interrogation or programming), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
A4604	Tubing with integrated heating element for use with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	

Code	Code description	Responsible party	Criteria/Guideline	Comments
A7027	Combination oral/nasal mask, used with continuous positive airway pressure	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7030	Full face mask used with positive airway pressure device, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7031	Face mask interface, replacement for full face mask, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7032	Cushion for use on nasal mask interface, replacement only, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7035	Headgear used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7036	Chinstrap used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7037	Tubing used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7038	Filter, disposable, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7039	Filter, nondisposable, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7044	Oral interface used with positive airway pressure device, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology & Cardiology	
A9590	Iodine I-131, iobenguane, 1 mCi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0118	
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9169	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0264	
C9170	Injection, tarlatamab-dlle, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0263	
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
E0470	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
E0471	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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment, DME.00039	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
E0561	Humidifier, nonheated, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E0562	Humidifier, heated, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
E0601	Continuous positive airway pressure (CPAP) device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Spine	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Pain	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-43	
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G0340	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 five sessions per course of treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: Efor example, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
G0399	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Testing and Treatment	

Code	Code description	Responsible party	Criteria/Guideline	Comments
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, SURG.00011	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6001	Ultrasonic guidance for placement of radiation therapy fields	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
G6016	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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
J0207	Injection, amifostine, 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0155	
J0641	Injection, levoleucovorin, 0.5 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0104	
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0104	
J1323	Injection, elranatamab-bcmm, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0248	
J1448	Injection, trilaciclib, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0192	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0074	
J2277	Injection, motixafortide, 0.25 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0253	
J2802	Injection, romiplostim, 1 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0111	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
J2860	Injection, siltuximab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0113	
J3055	Injection, talquetamab-tgvs, 0.25 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0249	
J3263	Injection, toripalimab-tpzi, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0255	
J7330	Autologous cultured chondrocytes, implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0096	
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0096	
J9022	Injection, atezolizumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0128	
J9023	Injection, avelumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0129	
J9026	Injection, tarlatamab-dlle, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0263	
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0264	
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose [Adstiladrin]	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0230	
J9032	Injection, belinostat, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0176	
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0116	
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0116	
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0116	
J9039	Injection, blinatumomab, 1 microgram	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0126	
J9042	Injection, brentuximab vedotin, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0092	
J9043	Injection, cabazitaxel, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0114	
J9047	Injection, carfilzomib, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0120	
J9055	Injection, cetuximab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0106	
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0116	
J9057	Injection, copanlisib, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0133	
J9061	Injection, amivantamab-vmjw, 2 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0201	
J9064	Inj, cabazitaxel (Sandoz)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0114	
J9118	Injection, calaspargase pegol-mknl, 10 units	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0096	
J9119	Injection, cemiplimab-rwlc, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0145	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0127	
J9145	Injection, daratumumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0127	
J9173	Injection, durvalumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0130	
J9176	Injection, elotuzumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0117	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0157	
J9179	Injection, eribulin mesylate, 0.1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0108	
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0132	
J9207	Injection, ixabepilone, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0090	
J9216	Injection, interferon, gamma-1B, 3 million units	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0085	
J9223	Injection, lurbinectedin, 0.1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0171	
J9227	Injection, isatuximab-irfc, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0161	
J9228	Injection, ipilimumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0119	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0131	
J9247	Injection, melphalan flufenamide, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0191	
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0178	
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0099	
J9266	Injection, pegaspargase, per single dose vial	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0096	
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0088	
J9271	Injection, pembrolizumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0124	
J9272	Injection, dostarlimab-gxly, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0197	
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0204	
J9274	Injection, tebentafusp-tebn, 1 microgram	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0211	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0164	
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg□	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0094	
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0216	
J9299	Injection, nivolumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0125	
J9301	Injection, obinutuzumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0121	
J9302	Injection, ofatumumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0122	
J9303	Injection, panitumumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0105	
J9304	Injection, pemetrexed, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0094	
J9305	Injection, pemetrexed, NOS, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0094	
J9306	Injection, pertuzumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0110	
J9308	Injection, ramucirumab, 5 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0123	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0143	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0144	
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0169	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0165	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0135	
J9329	Injection, tislelizumab-jsgr, 1mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0262	
J9331	Injection, sirolimus protein-bound particles, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0205	
J9345	Injection, retifanlimab-dlwr, 1 mg [Zynyz]	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0240	
J9348	Injection, naxitamab-gqgk, 1 m	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0184	
J9350	Injection, mosunetuzumab-axgb, 1 mg [Lunsumio]	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0232	
J9353	Injection, margetuximab-cmkb, 5 m	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0186	
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0115	
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0158	
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0196	
J9395	Injection, fulvestrant, 25 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0103	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J9400	Injection, ziv-aflibercept, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0109	
J9999	Not otherwise classified, antineoplastic drugs	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology; CC-0195, CC-0206, CC-0245, CC-0248, CC-0249, CC-0253, CC-0262, CC-0263, CC-0264	
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiology	
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0134	
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0098	
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0098	
Q3001	Radioelements for brachytherapy, any type, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0166	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0166	
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0166	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0166	
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0166	
S0353	Treatment planning and care coordination management for cancer initial treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology	
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte, Cells)	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint, CG-SURG-67	
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Carelon Medical Benefits Management	Carelon Medical Benefits Management MSK: Joint	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3841	Genetic testing for retinoblastoma	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3842	Genetic testing for Von Hippel-Lindau disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3845	Genetic testing for alpha-thalassemia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3846	Genetic testing for hemoglobin E beta-thalassemia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3849	Genetic testing for Niemann-Pick disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3850	Genetic testing for sickle cell anemia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3853	Genetic testing for myotonic muscular dystrophy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy	
S8035	Magnetic source imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology	
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiology	
S8940	Equestrian/hippotherapy, per session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
S8950	Complex lymphedema therapy, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Physical Therapy	
S9090	Vertebral axial decompression, per session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab	
S9152	Speech therapy, re-evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
V5362	Speech Screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
V5363	Language Screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
V5364	Dysphagia Screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Rehab - Speech Therapy	
Various Codes	Colonoscopy - Screening & Diagnostic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Ear /Auditory Canal	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures, Anus, Colon and Rectum, Esophagus, Intestines, Lips, Liver, Mouth & Buccal Cavity, adnoids/throat/tonsils, Palate and uvula, salivary ducts and glands, teeth and supporting structures, Abdomen/Peritoneum & Omentum	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Anterior Segment of Ocular, Conjunctiva, Eye Ball, Lacrimal system, Ocular Adnexa, Posterior Segment Ocular	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Cervix Uteri, Cervix Uteri, Vagina, Maternity Care and Delivery, Oviduct/Ovary, Vulva, Perineum, and Introitus	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .

Code	Code description	Responsible party	Criteria/Guideline	Comments
Various Codes	Procedures of Hemic and Lymphatic Systems	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of the Breast, Integumentary system (General), Pilonadal cyst, Skin, Subcutaneous, and Accessory Structures	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Male Genital System	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Musculoskeletal system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of Accessory sinus, Larynx, Nasal Structure, Trachea and Bronchi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Various Codes	Procedures of bladder, kidney, ureter, urethra	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Surgical SOC	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1103 .
Reviewed by Anthem:				
Code	Code description	Responsible party	Criteria/Guideline	Comments
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	Anthem	CG-SURG-63; CG-SURG-97	
00580	Anesthesia for heart transplant or heart/lung transplant	Anthem	TRANS.00026, TRANS.00033	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Anthem	SURG.00023	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Anthem	SURG.00023	
11950	Subcutaneous Injection of filling material (for example, collagen); 1 cc or less	Anthem	MED.00132	
11951	Subcutaneous Injection of filling material (for example, collagen); 1.1 to 5.0 cc	Anthem	MED.00132	
11952	Subcutaneous Injection of filling material (for example, collagen); 5.1 to 10.0 cc	Anthem	MED.00132	
11954	Subcutaneous Injection of filling material (for example, collagen); over 10.0 cc	Anthem	MED.00132	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Anthem	SURG.00096	

Code	Code description	Responsible party	Criteria/Guideline	Comments
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Anthem	SURG.00096	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Anthem	SURG.00096	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	Anthem	SURG.00096	
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Anthem	SURG.00011	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Anthem	SURG.00011	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Anthem	SURG.00154	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Anthem	MED.00132	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Anthem	MED.00132	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Anthem	ANC.00007	
15776	Punch graft for hair transplant; more than 15 punch grafts	Anthem	ANC.00007	
15780	Dermabrasion; total face (for example, for acne scarring, fine wrinkling, rhytids, general keratosis)	Anthem	ANC.00007	
15781	Dermabrasion; segmental, face	Anthem	ANC.00007	
15782	Dermabrasion; regional, other than face	Anthem	ANC.00007	
15783	Dermabrasion; superficial, any site (for example, tattoo removal)	Anthem	ANC.00007	
15786	Abrasion; single lesion (for example, keratosis, scar)	Anthem	ANC.00007	
15788	Chemical peel, facial; epidermal	Anthem	ANC.00007	
15792	Chemical peel, nonfacial; epidermal	Anthem	ANC.00007	
15793	Chemical peel, nonfacial; dermal	Anthem	ANC.00007	
15820	Blepharoplasty, lower eyelid;	Anthem	CG-SURG-03	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Anthem	CG-SURG-03	
15822	Blepharoplasty, upper eyelid;	Anthem	CG-SURG-03	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Anthem	CG-SURG-03	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Anthem	ANC.00008	
15826	Rhytidectomy; glabellar frown lines	Anthem	ANC.00008; SURG.00096	
15828	Rhytidectomy; cheek, chin, and neck	Anthem	ANC.00008	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Anthem	ANC.00008	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Anthem	CG-SURG-99	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Anthem	ANC.00009	

Code	Code description	Responsible party	Criteria/Guideline	Comments
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Anthem	ANC.00009	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Anthem	ANC.00009	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Anthem	ANC.00009	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Anthem	ANC.00009	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Anthem	ANC.00009	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Anthem	ANC.00008	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Anthem	ANC.00009	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Anthem	ANC.00008	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Anthem	ANC.00008	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Anthem	ANC.00008	
15845	Graft for facial nerve paralysis; regional muscle transfer	Anthem	ANC.00008	
15876	Suction assisted lipectomy; head and neck	Anthem	ANC.00008, CG-MED-63	
15877	Suction assisted lipectomy; trunk	Anthem	ANC.00009, SURG.00023, CG-SURG-71, SURG.00023, CG-SURG-88, CG-SURG-99	
15878	Suction assisted lipectomy; upper extremity	Anthem	ANC.00009, CG-MED-63	
15879	Suction assisted lipectomy; lower extremity	Anthem	ANC.00009, CG-MED-63	
17106	Destruction of cutaneous vascular proliferative lesions (for example, laser technique); less than 10 sq cm	Anthem	ANC.00007	
17107	Destruction of cutaneous vascular proliferative lesions (for example, laser technique); 10.0 to 50.0 sq cm	Anthem	ANC.00007	
17108	Destruction of cutaneous vascular proliferative lesions (for example, laser technique); over 50.0 sq cm	Anthem	ANC.00007	
17380	Electrolysis epilation, each 30 minutes	Anthem	ANC.00007	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Anthem	ANC.00007, CG-SURG-99, CC-0036	
19300	Mastectomy for gynecomastia	Anthem	CG-SURG-88	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Anthem	CG-SURG-61	
19303	Mastectomy , simple, complete	Anthem	MCG Guidelines	
19316	Mastopexy	Anthem	SURG.00023	
19318	Breast reduction	Anthem	SURG.00023, CG-SURG-71	
19325	Breast augmentation with implant	Anthem	SURG.00023	
19328	Removal of intact breast implant	Anthem	SURG.00023	
19330	Removal of ruptured breast implant, including implant contents (for example, saline, silicone gel)	Anthem	SURG.00023	
19340	Insertion of breast implant on same day of mastectomy (in other words, immediate)	Anthem	SURG.00023	
19342	Insertion or replacement of breast implant on separate day from mastectomy	Anthem	SURG.00023	
19350	Nipple/areola reconstruction	Anthem	SURG.00023	

Code	Code description	Responsible party	Criteria/Guideline	Comments
19355	Correction of inverted nipples	Anthem	SURG.00023	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Anthem	SURG.00023	
19361	Breast reconstruction; with latissimus dorsi flap	Anthem	SURG.00023	
19364	Breast reconstruction; with free flap (for example, fTRAM, DIEP, SIEA, GAP flap)	Anthem	SURG.00023	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Anthem	SURG.00023	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Anthem	SURG.00023	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Anthem	SURG.00023	
19380	Revision of reconstructed breast (for example, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Anthem	SURG.00023	
19396	Preparation of moulage for custom breast implant	Anthem	SURG.00023	
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (for example, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	Anthem	CG-SURG-61	
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (for example, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Anthem	CG-SURG-61	
20999	Unlisted procedure, musculoskeletal system, general	Anthem	SURG.00045	
21083	Impression and custom preparation; palatal lift prosthesis	Anthem	ANC.00008	
21086	Impression and custom preparation; auricular prosthesis	Anthem	ANC.00008	
21087	Impression and custom preparation; nasal prosthesis	Anthem	ANC.00008	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Anthem	CG-SURG-84	
21121	Genioplasty; sliding osteotomy, single piece	Anthem	CG-SURG-84	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (for example, wedge excision or bone wedge reversal for asymmetrical chin)	Anthem	CG-SURG-84	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21125	Augmentation, mandibular body or angle; prosthetic material	Anthem	CG-SURG-84	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Anthem	CG-SURG-84	
21137	Reduction forehead; contouring only	Anthem	ANC.00008	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Anthem	ANC.00008	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Anthem	ANC.00008	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (for example, for Long Face Syndrome), without bone graft	Anthem	CG-SURG-84	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Anthem	CG-SURG-84	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Anthem	CG-SURG-84	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (for example, ungrafted unilateral alveolar cleft)	Anthem	CG-SURG-84	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (for example, ungrafted bilateral alveolar cleft or multiple osteotomies)	Anthem	CG-SURG-84	
21150	Reconstruction midface, LeFort II; anterior intrusion (for example, Treacher-Collins Syndrome)	Anthem	CG-SURG-84	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Anthem	CG-SURG-84	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Anthem	CG-SURG-84	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (for example, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Anthem	ANC.00008	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (for example, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Anthem	ANC.00008	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Anthem	ANC.00008	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (for example, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Anthem	ANC.00008	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Anthem	ANC.00008	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Anthem	ANC.00008	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Anthem	SURG.00129, CG-SURG-84	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Anthem	SURG.00129, CG-SURG-84	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Anthem	SURG.00129, CG-SURG-84	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Anthem	SURG.00129, CG-SURG-84	
21198	Osteotomy, mandible, segmental;	Anthem	SURG.00129, CG-SURG-84	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Anthem	SURG.00129, CG-SURG-84	
21206	Osteotomy, maxilla, segmental (for example, Wassmund or Schuchard)	Anthem	SURG.00129, CG-SURG-84	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Anthem	CG-SURG-84	
21209	Osteoplasty, facial bones; reduction	Anthem	CG-SURG-84	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Anthem	ANC.00008, CG-SURG-84	
21215	Graft, bone; mandible (includes obtaining graft)	Anthem	CG-SURG-84	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Anthem	ANC.00008	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Anthem	ANC.00008	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (for example, mandibular staple bone plate)	Anthem	CG-SURG-84	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Anthem	CG-SURG-84	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Anthem	CG-SURG-84	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (for example, for hemifacial microsomia)	Anthem	CG-SURG-84	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Anthem	ANC.00008	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (for example, micro-ophthalmia)	Anthem	ANC.00008	
21270	Malar augmentation, prosthetic material	Anthem	ANC.00008	
21685	Hyoid myotomy and suspension	Anthem	SURG.00129	
21740	Reconstructive repair of pectus excavatum or carinatum; open	Anthem	ANC.00009	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Anthem	ANC.00009	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Anthem	ANC.00009	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Anthem	SURG.00097	
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Anthem	SURG.00097	
22838	Revision (for example, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Anthem	SURG.00097	
22852	Removal of posterior segmental instrumentation	Anthem	MCG Guidelines	
22999	Unlisted procedure, abdomen, musculoskeletal system	Anthem	CG-SURG-99, CC-0036	
27299	Unlisted procedure, pelvis or hip joint	Anthem	CG-SURG-85	f
27599	Unlisted procedure, femur or knee	Anthem	SURG.00105	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Anthem	SURG.00045	
28899	Unlisted procedure, foot or toes	Anthem	SURG.00104	
30120	Excision or surgical planing of skin of nose for rhinophyma	Anthem	ANC.00008	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Anthem	ANC.00008	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Anthem	ANC.00008	
30420	Rhinoplasty, primary; including major septal repair	Anthem	ANC.00008, CG-SURG-18	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Anthem	ANC.00008	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Anthem	ANC.00008	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Anthem	ANC.00008	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Anthem	SURG.00079	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (in other words, radiofrequency) subcutaneous/submucosal remodeling	Anthem	SURG.00079	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Anthem	CG-SURG-18, CG-SURG-87	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Anthem	CG-SURG-18	
30999	Unlisted procedure, nose	Anthem	CG-SURG-87, SURG.00157	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Anthem	CG-SURG-24, CG-SURG-87	
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Anthem	SURG.00157	
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Anthem	SURG.00157	

Code	Code description	Responsible party	Criteria/Guideline	Comments
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Anthem	CG-SURG-24	
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	Anthem	CG-SURG-24	
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	Anthem	CG-SURG-24	
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	Anthem	CG-SURG-24	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Anthem	CG-SURG-24	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Anthem	CG-SURG-24	
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	Anthem	CG-SURG-24	
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	Anthem	CG-SURG-24	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	Anthem	CG-SURG-24	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	Anthem	CG-SURG-24	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (for example, balloon dilation), transnasal or via canine fossa	Anthem	CG-SURG-73	
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (for example, balloon dilation)	Anthem	CG-SURG-73	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (for example, balloon dilation)	Anthem	CG-SURG-73	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (for example, balloon dilation)	Anthem	CG-SURG-73	
31574	Laryngoscopy, flexible; with Injection(s) for augmentation (for example, percutaneous, transoral), unilateral	Anthem	MED.00132	
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Anthem	CG-SURG-61	
33140	Transmyocardial laser revascularization, by thoracotomy	Anthem	SURG.00019	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Anthem	CG-SURG-63	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Anthem	CG-SURG-63	
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	Anthem	CG-SURG-97	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	Anthem	CG-SURG-97	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing	Anthem	CG-SURG-63	
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	Anthem	CG-SURG-63	
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Anthem	CG-SURG-63	
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Anthem	CG-SURG-63	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Anthem	CG-SURG-97	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Anthem	CG-SURG-97	
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead	Anthem	CG-SURG-97	
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Anthem	CG-SURG-63, CG-SURG-97	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Anthem	CG-SURG-63	
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Anthem	CG-SURG-63	
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Anthem	CG-SURG-97	
33271	Insertion of subcutaneous implantable defibrillator electrode	Anthem	CG-SURG-97	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Anthem	SURG.00032	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Anthem	SURG.00121	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Anthem	SURG.00121	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Anthem	SURG.00121	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Anthem	SURG.00121	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (for example, median sternotomy, mediastinotomy)	Anthem	SURG.00121	
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (for example, left thoracotomy)	Anthem	SURG.00121	
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Anthem	SURG.00121	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (for example, ventricular remodeling, SVR, SAVER, Dor procedures)	Anthem	SURG.00005	
33880	Endovascular repair of descending thoracic aorta (for example, aneurysm, pseudoaneurysm, dissection; penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	Anthem	CG-SURG-86	
33881	Endovascular repair of descending thoracic aorta (for example, aneurysm, pseudoaneurysm, dissection; penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	Anthem	CG-SURG-86	
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	Anthem	CG-SURG-86	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	Anthem	CG-SURG-86	
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	Anthem	CG-SURG-86	
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	Anthem	CG-SURG-86	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Anthem	SURG.00145	
33928	Removal and replacement of total replacement heart system (artificial heart)	Anthem	SURG.00145	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	Anthem	TRANS.00026	
33940	Donor cardiectomy (including cold preservation)	Anthem	TRANS.00033	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Anthem	SURG.00145	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Anthem	SURG.00145	
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	Anthem	SURG.00145	
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Anthem	SURG.00145	
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Anthem	SURG.00145	
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Anthem	SURG.00145	
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	Anthem	SURG.00145	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	Anthem	SURG.00145	
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Anthem	SURG.00145	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Anthem	SURG.00145	
33999	Unlisted procedure, cardiac surgery	Anthem	SURG.00032, SURG.00121, SURG.00123	

Code	Code description	Responsible party	Criteria/Guideline	Comments
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (for example, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Anthem	CG-SURG-86	
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (for example, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Anthem	CG-SURG-86	
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (for example, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Anthem	CG-SURG-86	
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (for example, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Anthem	CG-SURG-86	

Code	Code description	Responsible party	Criteria/Guideline	Comments
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (for example, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Anthem	CG-SURG-86	
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (for example, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Anthem	CG-SURG-86	
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	Anthem	CG-SURG-86	
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (for example, anchor, screw, tack) and all associated radiological supervision and interpretation	Anthem	CG-SURG-86	
34841	Endovascular repair of visceral aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Anthem	CG-SURG-86	

Code	Code description	Responsible party	Criteria/Guideline	Comments
34842	Endovascular repair of visceral aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Anthem	CG-SURG-86	
34843	Endovascular repair of visceral aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Anthem	CG-SURG-86	
34844	Endovascular repair of visceral aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Anthem	CG-SURG-86	
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Anthem	CG-SURG-86	
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Anthem	CG-SURG-86	

Code	Code description	Responsible party	Criteria/Guideline	Comments
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Anthem	CG-SURG-86	
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Anthem	CG-SURG-86	
36260	Insertion of implantable intra-arterial infusion pump (for example, for chemotherapy of liver)	Anthem	CG-SURG-79	
36261	Revision of implanted intra-arterial infusion pump	Anthem	CG-SURG-79	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (for example, great saphenous vein, accessory saphenous vein)	Anthem	SURG.00037	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (for example, great saphenous vein, accessory saphenous vein), same leg	Anthem	SURG.00037	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Anthem	ANC.00007, SURG.00037	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Anthem	SURG.00037	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Anthem	SURG.00037	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Anthem	SURG.00037	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Anthem	SURG.00037	

Code	Code description	Responsible party	Criteria/Guideline	Comments
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Anthem	SURG.00037	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (for example, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Anthem	SURG.00037	
36511	Therapeutic apheresis; for white blood cells	Anthem	CG-MED-68	
36512	Therapeutic apheresis; for red blood cells	Anthem	CG-MED-68	
36513	Therapeutic apheresis; for platelets	Anthem	CG-MED-68	
36514	Therapeutic apheresis; for plasma pheresis	Anthem	CG-MED-68	
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	Anthem	CG-MED-68	
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	Anthem	CG-SURG-79	
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	Anthem	CG-SURG-79	
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), Injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	Anthem	CG-SURG-93	
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), Injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Anthem	CG-SURG-93	

Code	Code description	Responsible party	Criteria/Guideline	Comments
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), Injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Anthem	CG-SURG-93	
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic Injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Anthem	CG-SURG-93	
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic Injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	Anthem	CG-SURG-93	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Anthem	CG-SURG-49	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Anthem	CG-SURG-49	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	

Code	Code description	Responsible party	Criteria/Guideline	Comments
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Anthem	CG-SURG-49	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Anthem	CG-SURG-49	
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (for example, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Anthem	SURG.00037, SURG.00062	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (for example, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Anthem	CG-SURG-83, SURG.00142	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Anthem	CG-SURG-107, CG-SURG-28, CG-SURG-78, RAD.00059	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Anthem	CG-SURG-28	

Code	Code description	Responsible party	Criteria/Guideline	Comments
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	
38242	Allogeneic lymphocyte infusions	Anthem	CG-TRANS-03	
38999	Unlisted procedure, hemic or lymphatic system	Anthem	SURG.00154	
41512	Tongue base suspension, permanent suture technique	Anthem	SURG.00129	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Anthem	SURG.00129	
42145	Palatopharyngoplasty	Anthem	SURG.00129	
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	Anthem	CG-SURG-92	
43327	Esophagogastric fundoplasty partial or complete; laparotomy	Anthem	CG-SURG-92	
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	Anthem	CG-SURG-92	
43330	Esophagomyotomy (Heller type); abdominal approach	Anthem	CG-SURG-92	
43331	Esophagomyotomy (Heller type); thoracic approach	Anthem	CG-SURG-92	
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	Anthem	CG-SURG-92	
43632	Gastrectomy, Partial, Distal; W/Gastrojejunostomy	Anthem	CG-SURG-83	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Anthem	CG-SURG-83	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Anthem	CG-SURG-83	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Anthem	CG-SURG-83	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (for example, gastric band and subcutaneous port components)	Anthem	CG-SURG-83	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous	Anthem	CG-SURG-83	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (in other words, sleeve gastrectomy)	Anthem	CG-SURG-83	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Anthem	CG-SURG-83	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Anthem	CG-SURG-83	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Anthem	CG-SURG-83	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Anthem	CG-SURG-83	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Anthem	CG-SURG-83	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Anthem	CG-SURG-83	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Anthem	CG-SURG-83	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Anthem	CG-SURG-83	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Anthem	CG-SURG-83	
43999	Unlisted procedure, stomach	Anthem	SURG.00047, CG-SURG-83	
46707	Repair of anorectal fistula with plug (for example, porcine small intestine submucosa [SIS])	Anthem	SURG.00011	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	Anthem	TRANS.00008	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Anthem	TRANS.00008	
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	Anthem	TRANS.00008	
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Anthem	TRANS.00008	

Code	Code description	Responsible party	Criteria/Guideline	Comments
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	Anthem	CG-SURG-78	
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	Anthem	CG-SURG-78	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Anthem	CG-SURG-78	
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	Anthem	CG-SURG-78	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Anthem	CG-SURG-78	
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Anthem	CG-SURG-78	
48999	Unlisted procedure, pancreas	Anthem	CG-SURG-61	
49906	Free omental flap with microvascular anastomosis	Anthem	SURG.00154	
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	Anthem	CG-SURG-61	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	Anthem	CG-TRANS-02	
50320	Donor nephrectomy (including cold preservation); open, from living donor	Anthem	CG-TRANS-02	
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Anthem	CG-TRANS-02	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Anthem	CG-TRANS-02	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Anthem	CG-TRANS-02	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Anthem	CG-TRANS-02	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Anthem	CG-TRANS-02	
50340	Recipient nephrectomy (separate procedure)	Anthem	CG-TRANS-02	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Anthem	CG-TRANS-02	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Anthem	CG-TRANS-02	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	Anthem	CG-SURG-61	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Anthem	CG-TRANS-02	
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Anthem	CG-SURG-61	

Code	Code description	Responsible party	Criteria/Guideline	Comments
50593	Ablation, renal tumor(s), unilateral, presutaneous cryotherapy	Anthem	CG-SURG-61	
51715	Endoscopic Injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Anthem	SURG.00010	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Anthem	CG-SURG-107	
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Anthem	CG-SURG-107	
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Anthem	CG-SURG-107	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Anthem	CG-SURG-107	
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Anthem	SURG.00010	
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	Anthem	SURG.00010	
53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride	Anthem	SURG.00010	
53449	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	Anthem	SURG.00010	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Anthem	SURG.00010	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Anthem	SURG.00010	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Anthem	SURG.00010	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	Anthem	MCG Guidelines	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Anthem	MCG Guidelines	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Anthem	CG-SURG-107	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Anthem	SURG.00010	
53899	Unlisted procedure, urinary system	Anthem	CG-SURG-107	
54125	Amputation of penis; complete	Anthem	MCG Guidelines	
54360	Plastic operation on penis to correct angulation	Anthem	ANC.00009	

Code	Code description	Responsible party	Criteria/Guideline	Comments
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Anthem	CG-SURG-12	
54401	Insertion of penile prosthesis; inflatable (self-contained)	Anthem	CG-SURG-12	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Anthem	CG-SURG-12	
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Anthem	CG-SURG-12	
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Anthem	CG-SURG-12	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Anthem	CG-SURG-12	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Anthem	CG-SURG-12	
54440	Plastic operation of penis for injury	Anthem	ANC.00009	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Anthem	MCG Guidelines	
54660	Insertion of testicular prosthesis (separate procedure)	Anthem	MCG Guidelines	
54690	Laparoscopy, surgical; orchiectomy	Anthem	MCG Guidelines	
55180	Scrotoplasty; complicated	Anthem	MCG Guidelines	
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Anthem	SURG.00107	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	Anthem	CG-SURG-61	
55899	Unlisted procedure, male genital system	Anthem	ANC.00009, MED.00057, MED.00132, SURG.00107, SURG.00161	
56625	Vulvectomy simple; complete	Anthem	MCG Guidelines	
56800	Plastic repair of introitus	Anthem	ANC.00009	
56805	Clitoroplasty for intersex state	Anthem	ANC.00009	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Anthem	ANC.00009	
57110	Vaginectomy, complete removal of vaginal wall;	Anthem	MCG Guidelines	
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Anthem	MCG Guidelines	
57270	Repair of enterocele, abdominal approach (separate procedure)	Anthem	MCG Guidelines	
57280	Colpopexy, abdominal approach	Anthem	MCG Guidelines	
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	Anthem	MCG Guidelines	
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	Anthem	MCG Guidelines	
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	Anthem	MCG Guidelines	
57291	Construction of artificial vagina; without graft	Anthem	ANC.00009	
57292	Construction of artificial vagina; with graft	Anthem	ANC.00009	

Code	Code description	Responsible party	Criteria/Guideline	Comments
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	Anthem	MCG Guidelines	
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Anthem	MCG Guidelines	
57335	Vaginoplasty for intersex state	Anthem	ANC.00009	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Anthem	MCG Guidelines	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Anthem	MCG Guidelines	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (for example, Marshall-Marchetti-Krantz, Burch)	Anthem	MCG Guidelines	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Anthem	MCG Guidelines	
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Anthem	MCG Guidelines	
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Anthem	MCG Guidelines	
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Anthem	MCG Guidelines	
58260	Vaginal hysterectomy, for uterus 250 g or less;	Anthem	MCG Guidelines	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Anthem	MCG Guidelines	
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Anthem	MCG Guidelines	
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra typ	Anthem	MCG Guidelines	
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Anthem	MCG Guidelines	
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Anthem	MCG Guidelines	
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Anthem	MCG Guidelines	
58285	Vaginal hysterectomy, radical (Schauta type operation)	Anthem	MCG Guidelines	
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Anthem	MCG Guidelines	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Anthem	MCG Guidelines	
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Anthem	MCG Guidelines	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Anthem	MCG Guidelines	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Anthem	MCG Guidelines	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node	Anthem	MCG Guidelines	
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Anthem	MCG Guidelines	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Anthem	MCG Guidelines	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Anthem	MCG Guidelines	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;with removal of tube(s) and/or ovary (s)	Anthem	MCG Guidelines	
58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g	Anthem	MCG Guidelines	
58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)	Anthem	MCG Guidelines	
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Anthem	SURG.00077	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Anthem	SURG.00077	
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	Anthem	MCG Guidelines	
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Anthem	MCG Guidelines	
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Anthem	MCG Guidelines	
58999	Unlisted procedure, female genital system (nonobstetrical)	Anthem	TRANS.00037	

Code	Code description	Responsible party	Criteria/Guideline	Comments
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	Anthem	CG-SURG-79	
61630	Balloon angioplasty, intracranial (for example, atherosclerotic stenosis), percutaneous	Anthem	CG-SURG-76, CG-SURG-106	
61635	Transcatheter placement of intravascular stent(s), intracranial (for example, atherosclerotic stenosis), including balloon angioplasty, if performed	Anthem	CG-SURG-76, CG-SURG-106	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Anthem	CG-SURG-61	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesions	Anthem	CG-SURG-61	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Anthem	SURG.00026	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Anthem	SURG.00026	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (for example, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Anthem	SURG.00026	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (for example, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Anthem	SURG.00026	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Anthem	CG-SURG-120, SURG.00026, SURG.00112	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Anthem	SURG.00026	
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Anthem	SURG.00026	
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Anthem	SURG.00026	

Code	Code description	Responsible party	Criteria/Guideline	Comments
62350	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	Anthem	CG-SURG-79	
62351	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	Anthem	CG-SURG-79	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Anthem	CG-SURG-79	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Anthem	CG-SURG-79	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Anthem	CG-SURG-79	
64505	Injection, anesthetic agent; sphenopalatine ganglion	Anthem	MCG Guidelines	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Anthem	CG-SURG-120, SURG.00112	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Anthem	SURG.00158, SURG.00112	
64568	Incision for implantation of cranial nerve (for example, vagus nerve) neurostimulator electrode array and pulse generator	Anthem	SURG.00112, SURG.00129	
64569	Revision or replacement of cranial nerve (for example, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Anthem	SURG.00112	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Anthem	CG-MED-79, SURG.00112, SURG.00158	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Anthem	SURG.00129	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Anthem	CG-SURG-70, CG-SURG-95, SURG.00158	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Anthem	SURG.00158	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Anthem	ANC.00008, SURG.00096	
64722	Decompression; unspecified nerve(s) (specify)	Anthem	SURG.00096	
64732	Transection or avulsion of; supraorbital nerve	Anthem	ANC.00008	
64734	Transection or avulsion of; infraorbital nerve	Anthem	ANC.00008	
64736	Transection or avulsion of; mental nerve	Anthem	ANC.00008	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Anthem	ANC.00008	

Code	Code description	Responsible party	Criteria/Guideline	Comments
64740	Transection or avulsion of; lingual nerve	Anthem	ANC.00008	
64742	Transection or avulsion of; facial nerve, differential or complete	Anthem	ANC.00008	
64744	Transection or avulsion of; greater occipital nerve	Anthem	SURG.00096	
64771	Transection or avulsion of other cranial nerve, extradural	Anthem	SURG.00096	
64772	Transection or avulsion of other spinal nerve, extradural	Anthem	SURG.00096	
64864	Suture of facial nerve; extracranial	Anthem	ANC.00008	
64865	Suture of facial nerve; infratemporal, with or without grafting	Anthem	ANC.00008	
64866	Anastomosis; facial-spinal accessory	Anthem	ANC.00008	
64868	Anastomosis; facial-hypoglossal	Anthem	ANC.00008	
64999	Unlisted procedure, nervous system	Anthem	SURG.00026, SURG.00073, SURG.00096, SURG.00155	
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Anthem	SURG.00095	
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Anthem	SURG.00095	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Anthem	SURG.00103	
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (for example, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (for example, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (for example, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Anthem	CG-SURG-118	
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (for example, irrigation and aspiration or phacoemulsification); with insertion of intraocular (for example, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Anthem	CG-SURG-118	
67027	Implantation of intravitreal drug delivery system (for example, ganciclovir implant), includes concomitant removal of vitreous	Anthem	SURG.00160	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Anthem	SURG.00096, CG-SURG-03	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (for example, banked fascia)	Anthem	CG-SURG-03	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Anthem	CG-SURG-03	

Code	Code description	Responsible party	Criteria/Guideline	Comments
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Anthem	CG-SURG-03	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Anthem	CG-SURG-03	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Anthem	CG-SURG-03	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (for example, Fasanella-Servat type)	Anthem	CG-SURG-03	
69090	Ear piercing	Anthem	ANC.00008	
69300	Otoplasty, protruding ear, with or without size reduction	Anthem	ANC.00008	
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Anthem	CG-SURG-82	
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Anthem	CG-SURG-82	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	Anthem	CG-SURG-82	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Anthem	CG-SURG-82	
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	Anthem	CG-SURG-82	
69949	Unlisted procedure, inner ear	Anthem	CG-SURG-81	
69955	Total facial nerve decompression and/or repair (may include graft)	Anthem	ANC.00008	
75956	Endovascular repair of descending thoracic aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	Anthem	CG-SURG-86	
75957	Endovascular repair of descending thoracic aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	Anthem	CG-SURG-86	

Code	Code description	Responsible party	Criteria/Guideline	Comments
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (for example, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	Anthem	CG-SURG-86	
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	Anthem	CG-SURG-86	
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	Anthem	CG-MED-87	
80145	Adalimumab	Anthem	LAB.00030	
80230	Infliximab	Anthem	LAB.00030	
80280	Vedolizumab	Anthem	LAB.00030	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Anthem	LAB.00035	
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Anthem	LAB.00019	
81535	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	Anthem	LAB.00003	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Anthem	LAB.00011	
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Anthem	LAB.00024	
81596	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	Anthem	LAB.00019	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise sp	Anthem	LAB.00027, LAB.00046	
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	Anthem	LAB.00027	
86343	Leukocyte histamine release test (LHR) [includes basophil histamine release test]	Anthem	LAB.00027	
86352	Cellular function assay involving stimulation (for example, mitogen or antigen) and detection of biomarker (for example, ATP)	Anthem	LAB.00024	

Code	Code description	Responsible party	Criteria/Guideline	Comments
86357	Natural killer (NK) cells, total count	Anthem	LAB.00045	
89329	Sperm evaluation; hamster penetration test	Anthem	LAB.00045	
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	Anthem	LAB.00045	
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Anthem	BEH.00002	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Anthem	BEH.00002	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Anthem	BEH.00002	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (for example, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	Anthem	MED.00125	
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (for example, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	Anthem	MED.00125	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Anthem	MED.00092	
93799	Unlisted cardiovascular service or procedure	Anthem	RAD.00057, SURG.00128, MED.00053, MED.00111	
93998	Unlisted noninvasive vascular diagnostic study	Anthem	MED.00116	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Anthem	MED.00002	
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Anthem	MED.00096	
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (for example, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Anthem	CG-SURG-120	

Code	Code description	Responsible party	Criteria/Guideline	Comments
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (for example, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Anthem	CG-SURG-120	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Anthem	MED.00013	
96372	Therapeutic, prophylactic, or diagnostic Injection (specify substance or drug); subcutaneous or intramuscular	Anthem	MED.00013	
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Anthem	MED.00004	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Anthem	MED.00004	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Anthem	MED.00004	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Anthem	MED.00004	
97039	Unlisted modality (specify type and time if constant attendance)	Anthem	SURG.00008	
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Anthem	CG-BEH-02	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Anthem	CG-BEH-02	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Anthem	CG-BEH-02	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Anthem	CG-BEH-02	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Anthem	CG-BEH-02	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Anthem	CG-BEH-02	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Anthem	CG-BEH-02	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Anthem	CG-BEH-02	
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Anthem	MED.00096	
99199	Unlisted special service, procedure or report	Anthem	MED.00133	
99600	Unlisted home visit service or procedure	Anthem	CG-MED-71	
0002M	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)	Anthem	LAB.00019	
0003M	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)	Anthem	LAB.00019	
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Anthem	LAB.00024	
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	Anthem	LAB.00031	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Anthem	TRANS.00025	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Anthem	LAB.00036	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Anthem	MED.00057	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Anthem	MED.00057	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	Anthem	LAB.00011	
0087U	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	Anthem	TRANS.00025	
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Anthem	TRANS.00041	
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Anthem	LAB.00015	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Anthem	LAB.00011	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Anthem	SURG.00113	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Anthem	SURG.00045	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Anthem	SURG.00045	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	Anthem	LAB.00041	
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Anthem	MED.00082	
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Anthem	MED.00082	
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	Anthem	MED.00082	
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	Anthem	MED.00082	
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	Anthem	MED.00082	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Anthem	LAB.00050	
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Anthem	LAB.00048	
0118U	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	Anthem	TRANS.00025	
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Anthem	LAB.00039	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Anthem	LAB.00039	
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	Anthem	LAB.00050	
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	Anthem	LAB.00037	
0166U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	Anthem	LAB.00019	
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	Anthem	LAB.00011	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (in other words, ELISA)	Anthem	LAB.00037	
0202T	Posterior vertebral joint(s) arthroplasty (for example, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, Injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Anthem	SURG.00092	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Anthem	LAB.00046	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Anthem	MED.00103	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Anthem	SURG.00114	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Anthem	SURG.00114	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Anthem	LAB.00033	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Anthem	TRANS.00035	
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Anthem	LAB.00040	
0247U	Obstetrics (preterm birth), insulin-like growth factor–binding protein 4 (IBP4), sex hormone–binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	Anthem	LAB.00011	
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	Anthem	LAB.00003	
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	Anthem	LAB.00011	
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Anthem	GENE.00052	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Anthem	SURG.00103	
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (for example, pre-receptive, receptive, post-receptive)	Anthem	LAB.00045	
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	Anthem	LAB.00045	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Anthem	SURG.00124	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Anthem	SURG.00124	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Anthem	SURG.00124	
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Anthem	SURG.00124	
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Anthem	SURG.00124	
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Anthem	SURG.00124	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (for example, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	Anthem	SURG.00124	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (for example, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	Anthem	SURG.00124	
0278T	Transcutaneous electrical modulation pain reprocessing (for example, scrambler therapy), each treatment session (includes placement of electrodes)	Anthem	DME.00011	
0312U	Autoimmune diseases (for example, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	Anthem	LAB.00036	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Anthem	LAB.00039	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Anthem	LAB.00050	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Anthem	MED.00103	
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Anthem	LAB.00015	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast Injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	Anthem	SURG.00135	
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	Anthem	LAB.00015	
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast Injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	Anthem	SURG.00135	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Anthem	CG-MED-68	
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	Anthem	LAB.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	Anthem	LAB.00019	
0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	Anthem	LAB.00046	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Anthem	SURG.00139	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Anthem	SURG.00139	
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Anthem	SURG.00139	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Anthem	SURG.00139	
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Anthem	LAB.00046	
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Anthem	LAB.00033	
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	Anthem	LAB.00011	
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Anthem	LAB.00028, LAB.00046	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Anthem	CG-BEH-02	
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	Anthem	LAB.00039	
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	Anthem	LAB.00039	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Anthem	CG-BEH-02	
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	Anthem	LAB.00039	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Anthem	MED.00131	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Anthem	MED.00131	
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	Anthem	LAB.00040	
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Anthem	MED.00057	
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Anthem	LAB.00041	
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	Anthem	LAB.00046	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Anthem	CG-SURG-107	
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	Anthem	LAB.00016	
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotox	Anthem	LAB.00003	
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Anthem	LAB.00046	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Anthem	SURG.00103	
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device	Anthem	CG-SURG-118	
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	Anthem	LAB.00042	
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Anthem	LAB.00046	
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Anthem	LAB.00019	
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (for example, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Anthem	SURG.00113	
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (for example, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Anthem	SURG.00113	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Anthem	SURG.00103	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Anthem	MED.00110	
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	Anthem	MED.00132	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple Injections in one or both hands	Anthem	MED.00132	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Anthem	TRANS.00039	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (for example, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Anthem	TRANS.00039	
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Anthem	CG-SURG-49	
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Anthem	SURG.00045	
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Anthem	MED.00123; MED.00124	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (for example, cryopreservation, storage)	Anthem	MED.00123; MED.00124	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Anthem	MED.00123; MED.00124	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Anthem	MED.00123; MED.00124	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Anthem	SURG.00121	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Anthem	SURG.00121	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Anthem	SURG.00139	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Anthem	MED.00103	
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Anthem	LAB.00003	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Anthem	MED.00132	
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; Injection of cellular implant into knee joint including ultrasound guidance, unilateral	Anthem	MED.00132	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Anthem	SURG.00121	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Anthem	CG-SURG-61	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Anthem	TRANS.00010	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Anthem	TRANS.00010	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Anthem	TRANS.00010	
0596T	Temporary female intraurethral valve-pump (in other words, voiding prosthesis); initial insertion, including urethral measurement	Anthem	SURG.00010	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0597T	Temporary female intraurethral valve-pump (in other words, voiding prosthesis); replacement	Anthem	SURG.00010	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Anthem	SURG.00126	
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Anthem	SURG.00126	
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Anthem	MED.00137	
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	Anthem	SURG.00156	
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Anthem	SURG.00156	
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Anthem	SURG.00156	
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Anthem	CG-SURG-49	
0627T	Percutaneous Injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral Injection, with fluoroscopic guidance, lumbar; first level [VAST, Via Disc]	Anthem	SURG.00011	
0629T	Percutaneous Injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral Injection, with CT guidance, lumbar; first level [VAST, Via Disc]	Anthem	SURG.00011	
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Anthem	SURG.00159	
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Anthem	MED.00004	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Anthem	TRANS.00037	
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Anthem	TRANS.00037	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (for example, fluoroscopy), angiography, and radiologic supervision and interpretation	Anthem	MED.00098	
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Anthem	TRANS.00037	
0667T	Recipient uterus allograft transplantation from cadaver or living donor	Anthem	TRANS.00037	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Anthem	TRANS.00037	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Anthem	TRANS.00037	
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Anthem	TRANS.00037	
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Anthem	CG-SURG-118	
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Anthem	SURG.00010	
0686T	Histotripsy (in other words, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Anthem	CG-SURG-78	
0692T	Therapeutic ultrafiltration	Anthem	MED.00102	
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Anthem	MED.00004	
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	Anthem	MCG Guidelines	
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	Anthem	MED.00132	
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; Injection into supraspinatus tendon including ultrasound guidance, unilateral	Anthem	MED.00132	
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Anthem	MED.00141	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Anthem	SURG.00161	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	Anthem	SURG.00161	
0790T	Revision (for example, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Anthem	SURG.00097	
0810T	Subretinal Injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Anthem	MED.00120	
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Anthem	CG-SURG-83	
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	Anthem	SURG.00150	
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Anthem	SURG.00045	
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Anthem	TRANS.00039	
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (for example, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Anthem	TRANS.00039	
A2001	InnovaMatrix AC, per sq cm	Anthem	SURG.00011	
A2002	Mirragen Advanced Wound Matrix, per sq cm	Anthem	SURG.00011	
A2004	XCelliStem, 1 mg	Anthem	SURG.00011	
A2005	Microlyte Matrix, per sq cm	Anthem	SURG.00011	
A2006	NovoSorb SynPath dermal matrix, per sq cm	Anthem	SURG.00011	
A2007	Restrata, per sq cm	Anthem	SURG.00011	
A2008	TheraGenesis, per sq cm	Anthem	SURG.00011	
A2009	Symphony, per sq cm	Anthem	SURG.00011	
A2010	Apis, per sq cm	Anthem	SURG.00011	
A2011	Supra SDRM, per sq cm	Anthem	SURG.00011	
A2012	SUPRATHEL, per sq cm	Anthem	SURG.00011	
A2013	Innovamatrix FS, per sq cm	Anthem	SURG.00011	
A2014	Omeza Collagen Matrix, per 100 mg	Anthem	SURG.00011	
A2015	Phoenix Wound Matrix, per sq cm	Anthem	SURG.00011	
A2016	PermeaDerm B, per sq cm	Anthem	SURG.00011	
A2017	PermeaDerm Glove, each	Anthem	SURG.00011	
A2018	PermeaDerm C, per sq cm	Anthem	SURG.00011	
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	Anthem	SURG.00011	
A2023	InnovaMatrix PD, 1 mg	Anthem	SURG.00011	
A2024	Resolve Matrix, per sq cm	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
A2025	Miro3D, per cu cm	Anthem	SURG.00011	
A2026	Restrata MiniMatrix, 5 mg	Anthem	SURG.00011	
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Anthem	SURG.00158	
A4468	Exsufflation belt, includes all supplies and accessories	Anthem	DME.00046	
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Anthem	DME.00011	
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
A4600	Sleeve for intermittent limb compression device, replacement only, each	Anthem	CG-DME-46	
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	Anthem	MED.00145	
A9268	Programmer for transient, orally ingested capsule	Anthem	MED.00143	
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	Anthem	MED.00143	
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4178	Parenteral nutrition solution; amino acid, greater than 8.5%, (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Anthem	CG-MED-89	
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Anthem	CG-MED-89	
B4187	Omegaven, 10 grams lipids	Anthem	CG-MED-89	
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Anthem	CG-MED-89	
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Anthem	CG-MED-89	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Anthem	CG-MED-89	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein - premix	Anthem	CG-MED-89	

Code	Code description	Responsible party	Criteria/Guideline	Comments
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) home mix per day	Anthem	CG-MED-89	
B4220	Parenteral nutrition supply kit; premix, per day	Anthem	CG-MED-89	
B4222	Parenteral nutrition supply kit; home mix, per day	Anthem	CG-MED-89	
B4224	Parenteral nutrition administration kit, per day	Anthem	CG-MED-89	
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn-RF, NephrAmine, RenAmine - premix	Anthem	CG-MED-89	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, HepatAmine – premix	Anthem	CG-MED-89	
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - FreAmine-HBC - premix	Anthem	CG-MED-89	
B9004	Parenteral nutrition infusion pump, portable	Anthem	CG-MED-89	
B9006	Parenteral nutrition infusion pump, stationary	Anthem	CG-MED-89	
B9999	NOC for parenteral supplies	Anthem	CG-MED-89	
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Anthem	CG-SURG-97	
C1722	Cardioverter-defibrillator, single chamber (implantable)	Anthem	CG-SURG-97	
C1726	Catheter, balloon dilatation, nonvascular	Anthem	CG-SURG-73	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Anthem	SURG.00162	
C1767	Generator, neurostimulator (implantable), nonrechargeable	Anthem	CG-SURG-95, SURG.00026, SURG.00112, SURG.00129, SURG.00158	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Anthem	CG-SURG-97	
C1778	Lead, neurostimulator (implantable)	Anthem	CG-SURG-120, SURG.00026, SURG.00112, SURG.00129, SURG.00158	
C1787	Patient programmer, neurostimulator	Anthem	SURG.00026, SURG.00129, SURG.00158	
C1789	Prosthesis, breast (implantable)	Anthem	SURG.00023	
C1813	Prosthesis, penile, inflatable	Anthem	CG-SURG-12	
C1815	Prosthesis, urinary sphincter (implantable)	Anthem	SURG.00010	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Anthem	SURG.00026	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Anthem	SURG.00026	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Anthem	SURG.00124	
C1832	Autograft suspension, including cell processing and application, and all system components	Anthem	SURG.00011	
C1839	Iris prosthesis	Anthem	SURG.00156	
C1878	Material for vocal cord medialization, synthetic (implantable)	Anthem	MED.00132	
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Anthem	CG-SURG-97	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Anthem	CG-SURG-97	
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	Anthem	CG-SURG-97	
C2614	Probe, percutaneous lumbar discectomy	Anthem	SURG.00071	
C2622	Prosthesis, penile, noninflatable	Anthem	CG-SURG-12	
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per centimeter length	Anthem	SURG.00011	
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per centimeter length	Anthem	SURG.00011	
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	Anthem	SURG.00011	
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length	Anthem	SURG.00011	
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter	Anthem	SURG.00011	
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	Anthem	SURG.00011	
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters [for breast reconstruction only]	Anthem	SURG.00011	
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	Anthem	SURG.00011	
C9364	Porcine implant, Permacol, per square centimeter	Anthem	SURG.00011	
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	Anthem	CG-SURG-61	
C9727	Insertion of implants into the soft palate; minimum of 3 implants	Anthem	SURG.00129	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	Anthem	MED.00057	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Anthem	RAD.00068	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Anthem	RAD.00068	
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Anthem	CG-SURG-83	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Anthem	CG-SURG-83	
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Anthem	SURG.00011	
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Anthem	RAD.00059	
D7940	Osteoplasty - For Orthognathic Deformities	Anthem	CG-SURG-84	
D7941	Osteotomy - Mandibular Rami	Anthem	CG-SURG-84	
D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	Anthem	CG-SURG-84	
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Anthem	CG-SURG-84	
D7945	osteotomy - body of mandible	Anthem	CG-SURG-84	
D7946	LeFort I (maxilla - total)	Anthem	CG-SURG-84	
D7947	Lefort I (Maxilla - Segmented)	Anthem	CG-SURG-84	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Anthem	CG-SURG-84	
D7949	Lefort II Or Lefort III - With Bone Graft	Anthem	CG-SURG-84	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Anthem	CG-SURG-84	
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	Anthem	CG-SURG-84	
D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	Anthem	CG-SURG-84	
E0217	Water circulating heat pad with pump	Anthem	DME.00037	
E0650	Pneumatic compressor, nonsegmental home model	Anthem	CG-DME-46	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Anthem	CG-DME-46	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Anthem	CG-DME-46	
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	Anthem	CG-DME-46	
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem	CG-DME-46	
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem	CG-DME-46	
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem	CG-DME-46	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem	CG-DME-46	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem	CG-DME-46	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem	CG-DME-46	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	Anthem	CG-DME-46	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E0671	Segmental gradient pressure pneumatic appliance, full leg	Anthem	CG-DME-46	
E0672	Segmental gradient pressure pneumatic appliance, full arm	Anthem	CG-DME-46	
E0673	Segmental gradient pressure pneumatic appliance, half leg	Anthem	CG-DME-46	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Anthem	DME.00037, CG-DME-46	
E0732	Cranial electrotherapy stimulation (CES) system, any type	Anthem	DME.00011	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
E0735	Non-invasive vagus nerve stimulator	Anthem	CG-SURG-120	
E0745	Neuromuscular stimulator, electronic shock unit	Anthem	DME.00022	
E0746	Electromyography (EMG), biofeedback device	Anthem	MED.00130	
E0760	Osteogenic stimulator, low intensity ultrasound, noninvasive	Anthem	CG-DME-45	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Anthem	DME.00011	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer	Anthem	DME.00022	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Anthem	DME.00011	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Anthem	DME.00022	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Anthem	CG-SURG-79	
E1002	Wheelchair accessory, power seating system, tilt only	Anthem	CG-DME-31	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Anthem	CG-DME-31	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Anthem	CG-DME-31	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	Anthem	CG-DME-31	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Anthem	CG-DME-31	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Anthem	CG-DME-31	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Anthem	CG-DME-31	
E1239	Power wheelchair, pediatric size, not otherwise specified	Anthem	CG-DME-31	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Anthem	DME.00038	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Anthem	CG-DME-31	
G0255	Current perception threshold/sensory nerve conduction test (SNCT), per limb, any nerve	Anthem	MED.00082, MED.00092	
G0429	Dermal Filler Injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active	Anthem	MED.00132	
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Anthem	CG-SURG-97	
G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	Anthem	TRANS.00035	
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	Anthem	TRANS.00035	
H0004	Behavioral health counseling and therapy, per 15 minutes	Anthem	CG-BEH-14	
H0006	Alcohol and/or drug services; case management	Anthem	CG-BEH-14	

Code	Code description	Responsible party	Criteria/Guideline	Comments
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Anthem	MCG Guidelines	
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Anthem	CG-BEH-02	
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Anthem	CG-BEH-14	
H0031	Mental health assessment, by nonphysician	Anthem	CG-BEH-02	
H0032	Mental health service plan development by nonphysician	Anthem	CG-BEH-02	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Anthem	CG-BEH-14	
H0038	Self-help/peer services, per 15 minutes	Anthem	MCG Guidelines	
H0039	Assertive community treatment, face-to-face, per 15 minutes	Anthem	MCG Guidelines	
H0040	Assertive community treatment program, per diem	Anthem	MCG Guidelines	
H0046	Mental health services, not otherwise specified	Anthem	CG-BEH-02	
H2012	Behavioral health day treatment, per hour	Anthem	CG-BEH-02	
H2014	Skills training and development, per 15 minutes	Anthem	CG-BEH-02	
H2015	Comprehensive community support services, per 15 minutes	Anthem	CG-BEH-14	
H2019	Therapeutic behavioral services, per 15 minutes	Anthem	CG-BEH-02, CG-BEH-14	
H2020	Therapeutic behavioral services, per diem	Anthem	CG-BEH-14	
J0456	Injection, azithromycin, 500 mg	Anthem	MED.00013	
J0696	Injection, ceftriaxone sodium, per 250 mg	Anthem	MED.00013	
J0698	Injection, cefotaxime sodium, per g	Anthem	MED.00013	
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Anthem	MED.00013	
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Anthem	MED.00135	
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Anthem	MED.00144	
J1815	Injection, insulin, per 5 units	Anthem	MED.00128	
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	Anthem	MED.00128	
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	Anthem	MED.00013	
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg	Anthem	MED.00013	
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg	Anthem	MED.00013	
J2540	Injection, penicillin G potassium, up to 600,000 units	Anthem	MED.00013	
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Anthem	SURG.00160	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J3393	Injection, betibeglogene autotemcel, per treatment (Zynteglo)	Anthem	MED.00140	
J3394	Injection, lovetibeglogene autotemcel, per treatment [Lyfgenia]	Anthem	MED.00146	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Anthem	MED.00120	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Anthem	MED.00129	
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	Anthem	SURG.00132	
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	Anthem	MED.00085	
J8999	Prescription drug, oral, chemotherapeutic, NOS	Anthem	MED.00085	
K0010	Standard-weight frame motorized/power wheelchair	Anthem	CG-DME-31	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Anthem	CG-DME-31	
K0012	Lightweight portable motorized/power wheelchair	Anthem	CG-DME-31	
K0013	Custom motorized/power wheelchair base	Anthem	CG-DME-31	
K0014	Other motorized/power wheelchair base	Anthem	CG-DME-31	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Anthem	MED.00055	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0812	Power operated vehicle, not otherwise classified	Anthem	CG-DME-31	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Anthem	CG-DME-31	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Anthem	CG-DME-31	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Anthem	CG-DME-31	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem	CG-DME-31	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem	CG-DME-31	
K0898	Power wheelchair, not otherwise classified	Anthem	CG-DME-31	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Anthem	CG-DME-31	
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Anthem	DME.00041	
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes	Anthem	OR-PR.00006	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Anthem	DME.00041	
L1499	Spinal orthosis, not otherwise specified	Anthem	DME.00025	
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Anthem	CG-OR-PR-09	
L2999	Lower extremity orthoses, not otherwise specified	Anthem	OR-PR.00006	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Anthem	CG-OR-PR-08	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Anthem	CG-OR-PR-08	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Anthem	CG-OR-PR-08	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	Anthem	CG-OR-PR-08	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Anthem	CG-OR-PR-08	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Anthem	CG-OR-PR-08	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Anthem	CG-OR-PR-08	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Anthem	OR-PR.00008	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Anthem	CG-OR-PR-05	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Anthem	CG-OR-PR-05	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Anthem	CG-OR-PR-05	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Anthem	CG-OR-PR-05	
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Anthem	CG-OR-PR-05	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L7007	Electric hand, switch or myoelectric controlled, adult	Anthem	CG-OR-PR-05	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Anthem	CG-OR-PR-05	
L7009	Electric hook, switch or myoelectric controlled, adult	Anthem	CG-OR-PR-05	
L7045	Electric hook, switch or myoelectric controlled, pediatric	Anthem	CG-OR-PR-05	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Anthem	CG-OR-PR-05	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Anthem	CG-OR-PR-05	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Anthem	CG-OR-PR-05	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Anthem	CG-OR-PR-05	
L7510	Repair of prosthetic device, repair or replace minor parts	Anthem	CG-OR-PR-05, CG-OR-PR-08	
L7520	Repair prosthetic device, labor component, per 15 minutes	Anthem	CG-OR-PR-05, CG-OR-PR-08	
L8045	Auricular prosthesis, provided by a nonphysician	Anthem	ANC.00008	
L8600	Implantable breast prosthesis, silicone or equal	Anthem	SURG.00023	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Anthem	MED.00132	
L8614	Cochlear device, includes all internal and external components	Anthem	CG-SURG-81	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Anthem	CG-SURG-81	
L8627	Cochlear implant, external speech processor, component, replacement	Anthem	CG-SURG-81	
L8628	Cochlear implant, external controller component, replacement	Anthem	CG-SURG-81	
L8679	Implantable neurostimulator, pulse generator, any type	Anthem	SURG.00158, SURG.00112, CG-SURG-95	
L8680	Implantable neurostimulator electrode, each	Anthem	CG-SURG-08, CG-SURG-95, SURG.00112, CG-SURG-70, CG-SURG-120, SURG.00026, SURG.00129, SURG.00158	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Anthem	SURG.00129	
L8682	Implantable neurostimulator radiofrequency receiver	Anthem	SURG.00026, CG-SURG-08	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Anthem	SURG.00158, SURG.00026	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Anthem	CG-SURG-120, SURG.00026, SURG.00112	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Anthem	CG-SURG-120, SURG.00026, SURG.00112, CG-SURG-95	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Anthem	SURG.00026	
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Anthem	SURG.00026, SURG.00129, CG-SURG-70	
L8690	Auditory osseointegrated device, includes all internal and external components	Anthem	CG-SURG-82	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Anthem	CG-SURG-82	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Anthem	CG-SURG-82	
Q2026	Injection, Radiesse, 0.1ml	Anthem	MED.00132	
Q2028	Injection, sculptra, 0.5 mg	Anthem	MED.00132	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0151	
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0150	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0168	
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0187	
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0195	
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures	Anthem	CC-0214	
Q4102	Oasis wound matrix, per square centimeter	Anthem	SURG.00011	
Q4103	Oasis Burn Matrix, per square centimeter	Anthem	SURG.00011	
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	Anthem	SURG.00011	
Q4105	Integra Dermal Regeneration Template (DRT) or Integra Omnigraft dermal regeneration matrix, per square centimeter	Anthem	SURG.00011	
Q4106	Dermagraft, per square centimeter	Anthem	SURG.00011	
Q4107	Graftjacket, per square centimeter	Anthem	SURG.00011	
Q4108	Integra Matrix, per square centimeter	Anthem	SURG.00011	
Q4110	Primatrix, per square centimeter	Anthem	SURG.00011	
Q4111	Gammagraft, per square centimeter	Anthem	SURG.00011	
Q4112	Cymetra, injectable, 1 cc	Anthem	SURG.00011	
Q4113	Graftjacket Xpress, injectable, 1 cc	Anthem	SURG.00011	
Q4114	Integra Flowable Wound Matrix, injectable, 1 cc	Anthem	SURG.00011	
Q4115	Alloskin, per square centimeter	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4117	Hyalomatrix, per square centimeter	Anthem	SURG.00011	
Q4118	Matristem micromatrix, 1 mg	Anthem	SURG.00011	
Q4121	Theraskin, per square centimeter	Anthem	SURG.00011	
Q4123	AlloSkin RT, per square centimeter	Anthem	SURG.00011	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Anthem	SURG.00011	
Q4125	ArthroFlex, per square centimeter	Anthem	SURG.00011	
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	Anthem	SURG.00011	
Q4127	Talymed, per square centimeter	Anthem	SURG.00011	
Q4132	Grafix CORE and GrafixPL CORE, per square centimeter	Anthem	SURG.00011	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Anthem	SURG.00011	
Q4134	hMatrix, per square centimeter	Anthem	SURG.00011	
Q4135	Mediskin, per square centimeter	Anthem	SURG.00011	
Q4136	Ez-derm, per square centimeter	Anthem	SURG.00011	
Q4137	AmnioExCel, AmnioExCel plus or BioDExCel, per square centimeter	Anthem	SURG.00011	
Q4138	BioDfence Dryflex, per square centimeter	Anthem	SURG.00011	
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Anthem	SURG.00011	
Q4140	BioDfence, per square centimeter	Anthem	SURG.00011	
Q4141	Alloskin AC, per square centimeter	Anthem	SURG.00011	
Q4142	XCM Biologic Tissue Matrix, per square centimeter	Anthem	SURG.00011	
Q4143	Repriza, per square centimeter	Anthem	SURG.00011	
Q4145	Epifix, injectable, 1 mg	Anthem	SURG.00011	
Q4146	TenSIX, per square centimeter	Anthem	SURG.00011	
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter	Anthem	SURG.00011	
Q4148	NEOX Cord 1k, NEOX Cord RT, or Clarix Cord 1k, per square centimeter	Anthem	SURG.00011	
Q4149	Excellagen, 0.1 cc	Anthem	SURG.00011	
Q4150	Allowrap DS or Dry, per square centimeter	Anthem	SURG.00011	
Q4152	DermaPure, per square centimeter	Anthem	SURG.00011	
Q4153	Dermavest and Plurivest, per square centimeter	Anthem	SURG.00011	
Q4154	Biovance, per square centimeter [for diabetic foot ulcers only]	Anthem	SURG.00011	
Q4155	NeoxFlo or ClarixFlo, 1 mg	Anthem	SURG.00011	
Q4156	NEOX 100 or Clarix 100, per square centimeter	Anthem	SURG.00011	
Q4157	Revitalon, per square centimeter	Anthem	SURG.00011	
Q4159	Affinity, per square centimeter	Anthem	SURG.00011	
Q4160	NuShield, per square centimeter	Anthem	SURG.00011	
Q4161	Bio-connekt wound matrix, per square centimeter	Anthem	SURG.00011	
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Anthem	SURG.00011	
Q4163	WoundEx, BioSkin, per square centimeter	Anthem	SURG.00011	
Q4164	Helicoll, per square centimeter	Anthem	SURG.00011	
Q4165	Keramatrix or Kerasorb, per square centimeter	Anthem	SURG.00011	
Q4166	Cytal, per square centimeter [formerly Matristem wound/burn matrix]	Anthem	SURG.00011	
Q4167	TruSkin, per square centimeter	Anthem	SURG.00011	
Q4168	AmnioBand, 1 mg [particulate]	Anthem	SURG.00011	
Q4169	Artacent Wound, per square centimeter	Anthem	SURG.00011	
Q4170	CYGNUS, per square centimeter	Anthem	SURG.00011	
Q4171	Interfyl, 1 mg	Anthem	SURG.00011	
Q4173	PalinGen or PalinGen Xplus, per square centimeter	Anthem	SURG.00011	
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4175	Miroderm, per square centimeter	Anthem	SURG.00011	
Q4176	NeoPatch or Therion, per square centimeter	Anthem	SURG.00011	
Q4177	FlowerAmnioflo, 0.1 cc	Anthem	SURG.00011	
Q4178	FlowerAmniopatch, per square centimeter	Anthem	SURG.00011	
Q4179	FlowerDerm, per square centimeter	Anthem	SURG.00011	
Q4180	Revita, per square centimeter	Anthem	SURG.00011	
Q4181	Amnio Wound, per square centimeter	Anthem	SURG.00011	
Q4183	Surgigraft, per square centimeter	Anthem	SURG.00011	
Q4184	Cellesta or Cellesta Duo, per square centimeter	Anthem	SURG.00011	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Anthem	SURG.00011	
Q4186	Epifix, per sq cm	Anthem	SURG.00011	
Q4187	Epicord, per sq cm	Anthem	SURG.00011	
Q4188	Amnioarmor, per square centimeter	Anthem	SURG.00011	
Q4189	Artacent AC, 1 mg	Anthem	SURG.00011	
Q4190	Artacent AC, per square centimeter	Anthem	SURG.00011	
Q4191	Restorigin, per square centimeter	Anthem	SURG.00011	
Q4192	Restorigin, 1 cc	Anthem	SURG.00011	
Q4193	Coll-e-derm, per square centimeter	Anthem	SURG.00011	
Q4194	Novachor, per square centimeter	Anthem	SURG.00011	
Q4195	Puraply, per square centimeter	Anthem	SURG.00011	
Q4196	PuraPly AM, per square centimeter	Anthem	SURG.00011	
Q4197	PuraPly XT, per square centimeter	Anthem	SURG.00011	
Q4198	Genesis amniotic membrane, per square centimeter	Anthem	SURG.00011	
Q4199	Cygnus matrix, per square centimeter	Anthem	SURG.00011	
Q4200	SkinTE, per sq cm	Anthem	SURG.00011	
Q4201	Matrion, per square centimeter	Anthem	SURG.00011	
Q4202	Keroxx (2.5g/cc), 1cc	Anthem	SURG.00011	
Q4203	Derma-gide, per square centimeter	Anthem	SURG.00011	
Q4204	Xwrap, per square centimeter	Anthem	SURG.00011	
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Anthem	SURG.00011	
Q4206	Fluid Flow or Fluid GF, 1 cc	Anthem	SURG.00011	
Q4208	Novafix, per sq cm	Anthem	SURG.00011	
Q4209	SurGraft, per square centimeter	Anthem	SURG.00011	
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Anthem	SURG.00011	
Q4212	AlloGen, per cc	Anthem	SURG.00011	
Q4213	Ascent, 0.5 mg	Anthem	SURG.00011	
Q4214	Cellesta Cord, per sq cm	Anthem	SURG.00011	
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Anthem	SURG.00011	
Q4216	Artacent Cord, per sq cm	Anthem	SURG.00011	
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Anthem	SURG.00011	
Q4218	SurgiCORD, per sq cm	Anthem	SURG.00011	
Q4219	SurgiGRAFT-DUAL, per sq cm	Anthem	SURG.00011	
Q4220	BellaCell HD or Surederm, per sq cm	Anthem	SURG.00011	
Q4221	Amnio Wrap2, per sq cm	Anthem	SURG.00011	
Q4222	ProgenaMatrix, per sq cm	Anthem	SURG.00011	
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Anthem	SURG.00011	
Q4225	Amniobind or dermabind tl, per square centimeter	Anthem	SURG.00011	
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Anthem	MED.00110	
Q4227	AmnioCoreTM, per sq cm	Anthem	SURG.00011	
Q4229	Cogenex Amniotic Membrane, per sq cm	Anthem	SURG.00011	
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4231	Corplex P, per cc	Anthem	SURG.00011	
Q4232	Corplex, per sq cm	Anthem	SURG.00011	
Q4233	SurFactor or NuDyn, per 0.5 cc	Anthem	SURG.00011	
Q4234	XCellerate, per sq cm	Anthem	SURG.00011	
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Anthem	SURG.00011	
Q4236	CarePATCH, per square centimeter	Anthem	SURG.00011	
Q4237	Cryo-Cord, per sq cm	Anthem	SURG.00011	
Q4238	Derm-Maxx, per sq cm	Anthem	SURG.00011	
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Anthem	SURG.00011	
Q4240	CoreCyte, for topical use only, per 0.5 cc	Anthem	SURG.00011	
Q4241	PolyCyte, for topical use only, per 0.5 cc	Anthem	SURG.00011	
Q4242	AmnioCyte Plus, per 0.5 cc	Anthem	SURG.00011	
Q4245	AmnioText, per cc	Anthem	SURG.00011	
Q4246	CoreText or ProText, per cc	Anthem	SURG.00011	
Q4247	Amniotext patch, per sq cm	Anthem	SURG.00011	
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Anthem	SURG.00011	
Q4249	Amniply, for topical use only, per square centimeter	Anthem	SURG.00011	
Q4250	Amnioamp-mp, per square centimeter	Anthem	SURG.00011	
Q4251	Vim, per sq cm	Anthem	SURG.00011	
Q4252	Vendaje, per sq cm	Anthem	SURG.00011	
Q4253	Zenith Amniotic Membrane, per sq cm	Anthem	SURG.00011	
Q4254	Novafix dl, per square centimeter	Anthem	SURG.00111	
Q4255	Reguard, for topical use only, per square centimeter	Anthem	SURG.00011	
Q4256	MLG-Complete, per sq cm	Anthem	SURG.00011	
Q4257	Relese, per sq cm	Anthem	SURG.00011	
Q4258	Enverse, per sq cm	Anthem	SURG.00011	
Q4259	Celera dual layer or celera dual membrane, per square centimeter	Anthem	SURG.00011	
Q4260	Signature apatch, per square centimeter	Anthem	SURG.00011	
Q4261	Tag, per square centimeter	Anthem	SURG.00011	
Q4262	Dual Layer Impax Membrane, per square centimeter	Anthem	SURG.00011	
Q4263	SurGraft TL, per square centimeter	Anthem	SURG.00011	
Q4264	Cocoon membrane, per square centimeter	Anthem	SURG.00011	
Q4272	Esano A, per sq cm	Anthem	SURG.00011	
Q4273	Esano AAA, per sq cm	Anthem	SURG.00011	
Q4274	Esano AC, per sq cm	Anthem	SURG.00011	
Q4275	Esano ACA, per sq cm	Anthem	SURG.00011	
Q4276	ORION, per sq cm	Anthem	SURG.00011	
Q4278	EPIEFFECT, per sq cm	Anthem	SURG.00011	
Q4279	Vendaje ac, per square centimeter	Anthem	SURG.00011	
Q4280	Xcell Amnio Matrix, per sq cm	Anthem	SURG.00011	
Q4281	Barrera SL or Barrera DL, per sq cm	Anthem	SURG.00011	
Q4282	Cygnus Dual, per sq cm	Anthem	SURG.00011	
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	Anthem	SURG.00011	
Q4284	DermaBind SL, per sq cm	Anthem	SURG.00011	
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Anthem	SURG.00011	
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Anthem	SURG.00011	
Q4287	Dermabind dl, per square centimeter	Anthem	SURG.00011	
Q4288	Dermabind dl, per square centimeter	Anthem	SURG.00011	
Q4289	Dermabind ch, per square centimeter	Anthem	SURG.00011	
Q4290	Revoshield + amniotic barrier, per square centimeter	Anthem	SURG.00011	
Q4291	Lamellas xt, per square centimeter	Anthem	SURG.00011	
Q4292	Lamellas, per square centimeter	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4293	Acesso dl, per square centimeter	Anthem	SURG.00011	
Q4294	Amnio quad-core, per square centimeter	Anthem	SURG.00011	
Q4295	Amnio tri-core amniotic, per square centimeter	Anthem	SURG.00011	
Q4296	Rebound matrix, per square centimeter	Anthem	SURG.00011	
Q4297	Emerge matrix, per square centimeter	Anthem	SURG.00011	
Q4298	Amnicore pro, per square centimeter	Anthem	SURG.00011	
Q4299	Amnicore pro+, per square centimeter	Anthem	SURG.00011	
Q4300	Acesso tl, per square centimeter	Anthem	SURG.00011	
Q4301	Activate matrix, per square centimeter	Anthem	SURG.00011	
Q4302	Complete aca, per square centimeter	Anthem	SURG.00011	
Q4303	Complete aa, per square centimeter	Anthem	SURG.00011	
Q4304	Grafix plus, per square centimeter	Anthem	SURG.00011	
Q4305	American Amnion AC Tri-Layer, per sq cm	Anthem	SURG.00011	
Q4306	American Amnion AC, per sq cm	Anthem	SURG.00011	
Q4307	American Amnion, per sq cm	Anthem	SURG.00011	
Q4308	Sanopellis, per sq cm	Anthem	SURG.00011	
Q4309	VIA Matrix, per sq cm	Anthem	SURG.00011	
Q4310	Procenta, per 100 mg	Anthem	SURG.00011	
Q4311	Acesso, per sq cm	Anthem	SURG.00011	
Q4312	Acesso AC, per sq cm	Anthem	SURG.00011	
Q4313	DermaBind FM, per sq cm	Anthem	SURG.00011	
Q4314	Reeva FT, per sq cm	Anthem	SURG.00011	
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Anthem	SURG.00011	
Q4316	AmchoPlast, per sq cm	Anthem	SURG.00011	
Q4317	VitoGraft, per sq cm	Anthem	SURG.00011	
Q4318	E-Graft, per sq cm	Anthem	SURG.00011	
Q4319	SanoGraft, per sq cm	Anthem	SURG.00011	
Q4320	PelloGraft, per sq cm	Anthem	SURG.00011	
Q4321	RenoGraft, per sq cm	Anthem	SURG.00011	
Q4322	CaregraFT, per sq cm	Anthem	SURG.00011	
Q4323	alloPLY, per sq cm	Anthem	SURG.00011	
Q4324	AmnioTX, per sq cm	Anthem	SURG.00011	
Q4325	ACApatch, per sq cm	Anthem	SURG.00011	
Q4326	WoundPlus, per sq cm	Anthem	SURG.00011	
Q4327	DuoAmnion, per sq cm	Anthem	SURG.00011	
Q4328	MOST, per sq cm	Anthem	SURG.00011	
Q4329	Singlay, per sq cm	Anthem	SURG.00011	
Q4330	TOTAL, per sq cm	Anthem	SURG.00011	
Q4331	Axolotl Graft, per sq cm	Anthem	SURG.00011	
Q4332	Axolotl DualGraft, per sq cm	Anthem	SURG.00011	
Q4333	ArdeoGraft, per sq cm	Anthem	SURG.00011	
S1091	Stent, non-coronary, temporary, with delivery system (Propel)	Anthem	SURG.00132	
S2053	Transplantation of small intestine and liver allografts	Anthem	TRANS.00013	
S2054	Transplantation of multivisceral organs	Anthem	TRANS.00013	
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	Anthem	TRANS.00013	
S2060	Lobar lung transplantation	Anthem	TRANS.00009	
S2061	Donor lobectomy (lung) for transplantation, living donor	Anthem	TRANS.00009	
S2065	Simultaneous pancreas kidney transplantation	Anthem	TRANS.00011	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Anthem	SURG.00023	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S2067	Breast reconstruction of a single breast with “stacked” deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	Anthem	SURG.00023	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Anthem	SURG.00023	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Anthem	SURG.00129	
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Anthem	CG-SURG-78	
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	Anthem	CG-MED-68	
S2140	Cord blood harvesting for transplantation, allogeneic	Anthem	TRANS.00016	
S2202	Echosclerotherapy	Anthem	SURG.00037	
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Anthem	SURG.00084	
S2235	Implantation of auditory brain stem implant	Anthem	CG-SURG-81	
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Anthem	CG-SURG-24	
S8040	Topographic brain mapping	Anthem	MED.00002	
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Anthem	MED.00125	
S9056	Coma stimulation per diem	Anthem	MED.00011	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Anthem	CG-REHAB-08, CG-MED-71	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Anthem	CG-REHAB-08, CG-MED-71	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem	Anthem	CG-MED-89	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem	Anthem	CG-MED-89	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem	Anthem	CG-MED-89	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem	Anthem	CG-MED-89	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately) per diem	Anthem	CG-MED-89	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	Anthem	MED.00013	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	MED.00013	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	MED.00013	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	MED.00013	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	MED.00013	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	MED.00013	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	MED.00013	
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Anthem	CG-REHAB-08	
T1002	RN services, up to 15 minutes	Anthem	CG-REHAB-08	
T1003	LPN/LVN services, up to 15 minutes	Anthem	CG-REHAB-08	
T1030	Nursing care, in the home, by registered nurse, per diem	Anthem	CG-REHAB-08, CG-MED-71	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	Anthem	CG-REHAB-08, CG-MED-71	
V2788	Presbyopia correcting function of intraocular lens	Anthem	SURG.00061	
V5298	Hearing aid, not otherwise classified	Anthem	CG-SURG-82	

Reviewed by CarelonRx, Inc.:*

Code	Code description	Responsible party	Criteria/Guideline	Comments
90281	Immune globulin (Ig), human, for intramuscular use	CarelonRx	CC-0003, CC-0039	
90283	Immune globulin (IgIV), human, for intravenous use	CarelonRx	CC-0003	
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	CarelonRx	CC-0003	
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	CarelonRx	CC-0247	
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	CarelonRx	CC-0247	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	CarelonRx	CC-0007	
C9047	Injection, caplacizumab-yhdp, 1 mg	CarelonRx	CC-0137	
C9161	Injection, aflibercept HD, 1 mg	CarelonRx	CC-0072	
C9257	Injection, bevacizumab, 0.25 mg	CarelonRx	CC-0072	
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	CarelonRx	CC-0032	
C9162	Injection, avacincaptad pegol, 0.1 mg	CarelonRx	CC-0245	
C9166	Injection, secukinumab, IV, 1 mg	CarelonRx	CC-0042	
C9167	Injection, apadamtase alfa, 10 units	CarelonRx	CC-0252	
C9168	Injection, mirikizumab-mrkz, 1 mg	CarelonRx	CC-0050	

Code	Code description	Responsible party	Criteria/Guideline	Comments
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	CarelonRx	CC-0086	
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	CarelonRx	CC-0086	
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	CarelonRx	CC-0078	
J0135	Injection, adalimumab, 20 mg [Humira]	CarelonRx	CC-0062	
J0139	Injection, adalimumab, 1 mg	CarelonRx	CC-0062	
J0172	Injection, aducanumab-avwa, 2 mg	CarelonRx	CC-0200	
J0174	Injection, lecanemab-irmb, 1mg	CarelonRx	CC-0228	
J0175	Injection, donanemab-azbt, 2 mg	CarelonRx	CC-0265	
J0177	Injection, aflibercept HD, 1 mg	CarelonRx	CC-0072	
J0178	Injection, aflibercept, 1 mg	CarelonRx	CC-0072	
J0179	Injection, brolocizumab-dbl, 1 mg	CarelonRx	CC-0072	
J0180	Injection, agalsidase beta, 1 mg	CarelonRx	CC-0021	
J0202	Injection, alemtuzumab, 1 mg	CarelonRx	CC-0009	
J0217	Injection, velmanase alfa-tycv, 1 mg	CarelonRx	CC-0231	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	CarelonRx	CC-0018	
J0222	Injection, patisiran, 0.1 mg	CarelonRx	CC-0082	
J0223	Injection, givosiran, 0.5 mg	CarelonRx	CC-0154	
J0224	Injection, lumasiran, 0.5 m	CarelonRx	CC-0185	
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	CarelonRx	CC-0073	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	CarelonRx	CC-0073	
J0485	Injection, belatacept, 1 mg	CarelonRx	CC-0076	
J0490	Injection, belimumab, 10 mg	CarelonRx	CC-0028	
J0517	Injection, benralizumab, 1 mg	CarelonRx	CC-0043	
J0567	Injection, cerliponase alfa, 1 mg	CarelonRx	CC-0012	
J0584	Injection, burosumab-twza 1 mg	CarelonRx	CC-0081	
J0585	Injection, OnabotulinumtoxinA, 1 Unit	CarelonRx	CC-0032	
J0586	Injection, AbobotulinumtoxinA, 5 Units	CarelonRx	CC-0032	
J0587	Injection, RimabotulinumtoxinB, 100 Units	CarelonRx	CC-0032	
J0588	Injection, incobotulinumtoxinA, 1 unit	CarelonRx	CC-0032	
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	CarelonRx	CC-0034	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	CarelonRx	CC-0034	
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	CarelonRx	CC-0034	
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	CarelonRx	CC-0034	
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	CarelonRx	CC-0034	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J0638	Injection, canakinumab, 1 mg	CarelonRx	CC-0064	
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	CarelonRx	CC-0062	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	CarelonRx	CC-0017	
J0791	Injection, crizanlizumab-tmca, 5 mg	CarelonRx	CC-0153	
J0800	Injection, corticotropin, up to 40 units	CarelonRx	CC-0004	
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	CarelonRx	CC-0004	
J0802	Injection, corticotropin (ANI), up to 40 units	CarelonRx	CC-0004	
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	CarelonRx	CC-0001	
J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)	CarelonRx	CC-0001	
J0896	Injection, luspatercept-aamt, 0.25 mg	CarelonRx	CC-0156	
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	CarelonRx	CC-0018	
J1290	Injection, ecallantide, 1 mg	CarelonRx	CC-0034	
J1300	Injection, eculizumab, 10 mg	CarelonRx	CC-0041	
J1301	Injection, edaravone, 1 mg	CarelonRx	CC-0049	
J1303	Injection, ravulizumab-cwvz, 10 mg	CarelonRx	CC-0041	
J1304	Injection, tofersen, 1 mg	CarelonRx	CC-0237	
J1305	Injection, evinacumab-dgnb, 5 mg	CarelonRx	CC-0193	
J1306	Injection, inclisiran, 1 mg	CarelonRx	CC-0209	
J1307	Injection, crovalimab-akkz, 10 mg	CarelonRx	CC-0041	
J1322	Injection, elosulfase alfa, 1mg	CarelonRx	CC-0022	
J1325	Injection, epoprostenol, 0.5 mg	CarelonRx	CC-0067	
J1426	Injection, casimersen, 10 mg	CarelonRx	CC-0189	
J1428	Injection, eteplirsen, 10 mg	CarelonRx	CC-0044	
J1429	Injection, golodirsen, 10 mg	CarelonRx	CC-0152	
J1437	Injection, ferric derisomaltose, 10 mg	CarelonRx	CC-0182	
J1438	Injection, etanercept, 25 mg	CarelonRx	CC-0062	
J1439	Injection, ferric carboxymaltose, 1mg	CarelonRx	CC-0182	
J1440	Fecal microbiota, live - jsIm, 1 ml	CarelonRx	CC-0233	
J1458	Injection, galsulfase, 1 mg	CarelonRx	CC-0023	
J1595	Injection, glatiramer acetate, 20 mg	CarelonRx	CC-0014	
J1602	Injection, golimumab, 1 mg, for intravenous use	CarelonRx	CC-0062	
J1628	Injection, guselkumab, 1 mg	CarelonRx	CC-0050	
J1632	Injection, brexanolone, 1 mg	CarelonRx	CC-0140	
J1675	Injection, histrelin acetate, 10 mcg	CarelonRx	CC-0061	
J1743	Injection, idursulfase, 1 mg	CarelonRx	CC-0024	
J1744	Injection, icatibant, 1 mg	CarelonRx	CC-0034	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	CarelonRx	CC-0062	
J1746	Injection, ibalizumab-uiyk, 10 mg	CarelonRx	CC-0047	
J1748	infliximab-dyyb	CarelonRx	CC-0062	
J1750	Injection, Iron Dextran, 50mg	CarelonRx	CC-0182	
J1756	Injection, Iron Sucrose, 1 Mg	CarelonRx	CC-0182	
J1786	Injection, imiglucerase, 10 units	CarelonRx	CC-0051	
J1823	Injection, inebilizumab-cdon, 1 mg	CarelonRx	CC-0170	
J1826	Injection, interferon beta-1a, 30 mcg	CarelonRx	CC-0014	
J1830	Interferon Beta-1b / .25 Mg	CarelonRx	CC-0014	
J1931	Injection, laronidase, 0.1 mg	CarelonRx	CC-0025	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	CarelonRx	CC-0061	
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m	CarelonRx	CC-0061	
J2170	Injection, mecasermin, 1 mg	CarelonRx	CC-0045	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J2182	Injection, mepolizumab, 1 mg	CarelonRx	CC-0043	
J2267	Injection, mirikizumab-mrkz, 1 mg	CarelonRx	CC-0050	
J2278	Injection, ziconotide, 1 mcg	CarelonRx	CC-0040	
J2323	Injection, natalizumab, 1 mg	CarelonRx	CC-0020	
J2326	Injection, nusinersen, 0.1 mg	CarelonRx	CC-0048	
J2350	Injection, ocrelizumab, 1 mg	CarelonRx	CC-0011	
J2357	Injection, omalizumab, 5 mg	CarelonRx	CC-0033	
J2502	Injection, pasireotide long acting, 1 mg	CarelonRx	CC-0236	
J2507	Injection, pegloticase, 1 mg	CarelonRx	CC-0057	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	CarelonRx	CC-0241	
J2777	Injection, faricimab-svoa, 0.1 mg	CarelonRx	CC-0072	
J2778	Injection, ranibizumab, 0.1 mg	CarelonRx	CC-0072	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	CarelonRx	CC-0234	
J2782	Injection, avacincaptad pegol, 0.1 mg	CarelonRx	CC-0245	
J2786	Injection, reslizumab, 1 mg	CarelonRx	CC-0043	
J2793	Injection, Rilonacept, 1 Mg	CarelonRx	CC-0064	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	CarelonRx	CC-0002	
J2840	Injection, sebelipase alfa, 1 mg	CarelonRx	CC-0037	
J2916	Injection, sodium ferric gluconate complex in sucrose Injection, 12.5 mg	CarelonRx	CC-0182	
J2940	Injection, somatrem, 1 mg	CarelonRx	CC-0068	
J2941	Injection, somatropin, 1 mg	CarelonRx	CC-0068	
J2998	Injection, plasminogen, human-tvmh, 1 mg	CarelonRx	CC-0203	
J3032	Injection, eptinezumab-jjmr, 1 mg	CarelonRx	CC-0160	
J3060	Injection, taliglucerase alfa, 10 units	CarelonRx	CC-0051	
J3111	Injection, romosozumab-aqqg, 1 mg	CarelonRx	CC-0139	
J3241	Injection, teprotumumab-trbw, 10 mg	CarelonRx	CC-0162	
J3245	Injection, tildrakizumab, 1 mg	CarelonRx	CC-0050	
J3247	Injection, secukinumab, IV, 1 mg	CarelonRx	CC-0042	
J3285	Injection, treprostinil, 1 mg	CarelonRx	CC-0067	
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	CarelonRx	CC-0218	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	CarelonRx	CC-0177	
J3315	Injection, Triptorelin Pamoate, 3.75 Mg	CarelonRx	CC-0061	
J3316	Injection, triptorelin, extended-release, 3.75 mg	CarelonRx	CC-0061	
J3357	Ustekinumab, for subcutaneous Injection, 1 mg	CarelonRx	CC-0063	
J3358	Ustekinumab, for intravenous Injection, 1 mg	CarelonRx	CC-0063	
J3380	Injection, vedolizumab, 1 mg	CarelonRx	CC-0071	
J3385	Injection, velaglucerase alfa, 100 units	CarelonRx	CC-0051	
J3397	Injection, vestronidase alfa-vjbk, 1 mg	CarelonRx	CC-0013	
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	CarelonRx	CC-0243	
J3489	Injection, zoledronic acid, 1 mg	CarelonRx	CC-0019	
J7170	Injection, emicizumab-kxwh, 0.5 mg	CarelonRx	CC-0065	
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	CarelonRx	CC-0252	
J7175	Injection, Factor X, (human), 1 IU	CarelonRx	CC-0149	
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	CarelonRx	CC-0149	
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	CarelonRx	CC-0149	
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:Rco	CarelonRx	CC-0065	
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	CarelonRx	CC-0149	
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	CarelonRx	CC-0149	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	CarelonRx	CC-0065	
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	CarelonRx	CC-0065	
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	CarelonRx	CC-0065	
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	CarelonRx	CC-0065	
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	CarelonRx	CC-0065	
J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	CarelonRx	CC-0065	
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	CarelonRx	CC-0149	
J7190	Factor VIII (antihemophilic factor, human) per IU	CarelonRx	CC-0065	
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	CarelonRx	CC-0065	
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	CarelonRx	CC-0065	
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	CarelonRx	CC-0148	
J7194	Factor IX complex, per IU	CarelonRx	CC-0148	
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	CarelonRx	CC-0148	
J7198	Antiinhibitor, per IU	CarelonRx	CC-0149	
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	CarelonRx	CC-0148	
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	CarelonRx	CC-0148	
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	CarelonRx	CC-0148	
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyx), 1 IU	CarelonRx	CC-0148	
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	CarelonRx	CC-0065	
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	CarelonRx	CC-0065	
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	CarelonRx	CC-0065	
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	CarelonRx	CC-0065	
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	CarelonRx	CC-0065	
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	CarelonRx	CC-0065	
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	CarelonRx	CC-0065	
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	CarelonRx	CC-0149	
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	CarelonRx	CC-0065	
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	CarelonRx	CC-0031	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	CarelonRx	CC-0031	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	CarelonRx	CC-0031	
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	CarelonRx	CC-0031	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	CarelonRx	CC-0035	
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	CarelonRx	CC-0163	
J7352	Afamelanotide implant, 1 mg	CarelonRx	CC-0159	
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm	CarelonRx	CC-0260	
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	CarelonRx	CC-0251	
J7355	Injection, travoprost, intracameral implant, 1 mcg	CarelonRx	CC-0258	
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	CarelonRx	CC-0067	
J7999	Compounded drug, not otherwise classified	CarelonRx	CC-0036	
J9202	Goserelin acetate implant, per 3.6 mg	CarelonRx	CC-0061	
J9210	Injection, emapalumab-lzsg, 1 mg	CarelonRx	CC-0087	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	CarelonRx	CC-0061; CC-0102	
J9225	Histrelin implant (Vantas), 50 mg	CarelonRx	CC-0061	
J9226	Histrelin implant (supprelin LA), 50 mg	CarelonRx	CC-0061	
J9258	Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg	CarelonRx	CC-0099	
J9286	Injection, glofitamab-gxbm, 2.5 mg	CarelonRx	CC-0244	
J9312	Injection, rituximab, 10 mg	CarelonRx	CC-0075	
J9321	Injection, epcoritamab-bysp, 0.16 mg	CarelonRx	CC-0242	
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	CarelonRx	CC-0094	
J9333	Injection, rozanolixizumab-noli, 1 mg	CarelonRx	CC-0246	
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	CarelonRx	CC-0207	
J9376	Injection, pozelimab-bbfg, 1 mg	CarelonRx	CC-0250	
Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)	CarelonRx	CC-0182	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	CarelonRx	CC-0014	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	CarelonRx	CC-0014	
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	CarelonRx	CC-0067	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	CarelonRx	CC-0062	
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	CarelonRx	CC-0062	
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	CarelonRx	CC-0062	
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	CarelonRx	CC-0075	
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	CarelonRx	CC-0075	
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	CarelonRx	CC-0062	
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	CarelonRx	CC-0072	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	CarelonRx	CC-0062	
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	CarelonRx	CC-0062	
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	CarelonRx	CC-0020	
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	CarelonRx	CC-0063	
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	CarelonRx	CC-0063	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	CarelonRx	CC-0062	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	CarelonRx	CC-0062	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	CarelonRx	CC-0062	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	CarelonRx	CC-0062	
Q5144	Injection, adalimumab-aacf (Idacio), biosimilar, 1 mg	CarelonRx	CC-0062	
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg	CarelonRx	CC-0062	
S0013	Esketamine, nasal spray, 1 mg	CarelonRx	CC-0086	

Reviewed by multiple areas based on diagnosis:

Code	Code description	Responsible party	Criteria/Guideline	Comments
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00114	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (for example, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00071	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (for example, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00071	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology & Cardiology, RAD.00064	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology & Cardiology, RAD.00064	
0335T	Insertion of sinus tarsi implant	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00104	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology & Cardiology, RAD.00065	
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology & Cardiology, RAD.00065	
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology & Cardiology, RAD.00065	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology & Cardiology, RAD.00065	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
0510T	Removal of sinus tarsi implant	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00104	
0511T	Removal and reinsertion of sinus tarsi implant	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00104	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (for example, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00134	
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (for example, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00134	
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (for example, CT, MRI, or myocardial perfusion scan) and electrical data (for example, 12-lead ECG data), and identification of areas of avoidance	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, THER-RAD.00012	
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, THER-RAD.00012	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, THER-RAD.00012	
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (for example, interrogation or programming), when performed; complete system (in other words, right atrial and right ventricular pacemaker components)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (for example, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (for example, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (in other words, right atrial and right ventricular pacemaker components)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (for example, interrogation or programming), when performed; dual-chamber system (in other words, right atrial and right ventricular pacemaker components)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (for example, interrogation or programming), when performed; right atrial pacemaker component	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (for example, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (for example, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00150	
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00152	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, CG-DME-40	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, CG-DME-45	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00052	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00052	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00111	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00092	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00092	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00092	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00092	
30117	Excision or destruction (for example, laser), intranasal lesion; internal approach	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, SURG.00157	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, CG-MED-74	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00115	
43192	Esophagoscopy, rigid, transoral; with directed submucosal Injection(s), any substance	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00047	
43201	Esophagoscopy, flexible, transoral; with directed submucosal Injection(s), any substance	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00047	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00047	
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal Injection(s), any substance	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59	
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00047	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, CG-MED-59, CG-SURG-101	
43280	Laparoscopy, surgical, esophagogastric fundoplasty (for example, Nissen, Toupet procedures)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, CG-SURG-92	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of me	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, CG-SURG-92	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, CG-SURG-92	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (in other words, magnetic band), including cruroplasty when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00131	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43285	Removal of esophageal sphincter augmentation device	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00131	
43497	Lower esophageal myotomy, transoral (in other words, peroral endoscopic myotomy [POEM])	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00047	
45560	Repair of rectocele (separate procedure)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (for example, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00116	
46607	Anoscopy; with high-resolution magnification (HRA) (for example, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00116	
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, SURG.00141	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
57268	Repair of enterocele, vaginal approach (separate procedure)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical SOC, MCG Guidelines	
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (for example, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, CG-SURG-89	
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (for example, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, CG-SURG-89	
62263	Percutaneous lysis of epidural adhesions using solution Injection (for example, hypertonic saline, enzyme) or mechanical means (for example, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00072	
62264	Percutaneous lysis of epidural adhesions using solution Injection (for example, hypertonic saline, enzyme) or mechanical means (for example, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00072	

Code	Code description	Responsible party	Criteria/Guideline	Comments
62281	Injection/infusion of neurolytic substance (for example, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00072	
62282	Injection/infusion of neurolytic substance (for example, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00072	
62287	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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00071	
62291	Injection procedure for discography, each level; cervical or thoracic	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Radiology, RAD.00053	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00071	
63185	Laminectomy with rhizotomy; 1 or 2 segments	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, CG-SURG-08	
63190	Laminectomy with rhizotomy; more than 2 segments	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, CG-SURG-08	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, CG-SURG-66, CG-SURG-08	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00142	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00140	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, CG-MED-63, SURG.00140	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, CG-SURG-89	
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, CG-SURG-89	
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, CG-SURG-89	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00142	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Pain, SURG.00052	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00096, SURG.00100	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology, RAD.00053	
76120	Cineradiography/videoradiography, except where specifically included	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiology, RAD.00034	

Code	Code description	Responsible party	Criteria/Guideline	Comments
77423	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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiation Therapy, THER-RAD.00008	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (for example, head, neck, chest, pelvis) or acquisition, single day imaging	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Radiation Therapy, CG-MED-87	
81599	Unlisted multianalyte assay with algorithmic analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing, LAB.00011, LAB.00016, LAB.00019, LAB.00024, LAB.00038, LAB.00040, LAB.00042, TRANS.00025	
84999	Unlisted chemistry procedure	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing, LAB.00019, LAB.00025, LAB.00028, LAB.00031, LAB.00044, LAB.00046, TRANS.00025	
87999	Unlisted microbiology procedure	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing, CG-LAB-03, LAB.00003, LAB.00039, LAB.00050	
90901	Biofeedback training by any modality	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Rehab - Physical Therapy, CG-MED-97	
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Rehab; CG-MED-97	
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Rehab; CG-MED-97	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Surgical GI & SOC, MED.00090	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, CG-MED-74	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, CG-MED-74	
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00115	
93580	Percutaneous transcatheter closure of congenital interatrial communication (in other words, Fontan fenestration, atrial septal defect) with implant	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00032, SURG.00096	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00055	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0118	
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0118	
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0112	
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy, CC-0118	
C1764	Event recorder, cardiac (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, CG-MED-74	
C1821	Interspinous process distraction device (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00092	
C1824	Generator, cardiac contractility modulation (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, SURG.00153	
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00111	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, MED.00115	
C9399	Unclassified drugs or biologicals	CarelonRx, Carelon Medical Benefits Management, or Anthem	Carelon Medical Benefits Management: Oncology, MED.00135, MED.00140, MED.00142, MED.00144, MED.00146, MED.00147, SURG.00011, CC-0010, CC-0014, CC-0029, CC-0038, CC-0042, CC-0066, CC-0068, CC-0077, CC-0084, CC-0173, CC-0174, CC-0188, CC-0190, CC-0199, CC-0206, CC-0208, CC-0213, CC-0235, CC-0250, CC-0252, CC-0255, CC-0257, CC-0261	
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Sleep Therapy, DME.00043	
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Sleep Therapy, DME.00043	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Sleep Therapy, DME.00043	
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Sleep Therapy, DME.00043	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Sleep Therapy, DME.00042	
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiology, CG-MED-74	
E1399	Durable medical equipment, miscellaneous	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Sleep Testing and Treatment, CG-SURG-120	
J0565	Injection, bezlotoxumab, 10 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0046	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0032	
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0001	
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0001	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0001	
J0897	Injection, denosumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0027	
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
J1447	Injection, tbo-filgrastim, 1 microgram	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1460	Injection, gamma globulin, intramuscular, 1 cc	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003, CC-0039	
J1552	Injection, immune globulin (Alyglo), 500 mg	Carelon Rx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1555	Injection, immune globulin (Cuvitru), 100 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1556	Injection, immune globulin (Bivigam), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1558	Injection, immune globulin (xembify), 100 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1559	Injection, immune globulin (Hizentra), 100 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003, CC-0039	
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0003	
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Carelon Rx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0238	
J1930	Injection, lanreotide, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0142	
J1932	Injection, lanreotide, (Cipla), 1 mg	Carelon Rx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0142	
J2353	Injection, octreotide, depot form for intramuscular Injection, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0058	
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous Injection, 25 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0058	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
J2562	Injection, plerixafor, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0089	
J2796	Injection, romiplostim, 10 mcg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0111	
J3262	Injection, tocilizumab, 1 mg	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0066	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J3490	Unclassified drugs	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, MED.00120, MED.00135, MED.00140, MED.00142, MED.00144, MED.00146, MED.00147, CC-0002, CC-0008, CC-0010, CC-0014, CC-0015, CC-0018, CC-0020, CC-0036, CC-0038, CC-0042, CC-0059, CC-0062, CC-0064, CC-0066, CC-0068, CC-0069, CC-0079, CC-0084, CC-0107, CC-0173, CC-0174, CC-0190, CC-0195, CC-0199, CC-0206, CC-0208, CC-0213, CC-0215, CC-0228, CC-0253, CC-0254, CC-0255, CC-0256, CC-0257, CC-0258, CC-0259	
J3590	Unclassified Biologics	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, MED.00135, MED.00140, MED.00142, MED.00144, MED.00146, MED.00147, CC-0002, CC-0010, CC-0018, CC-0020, CC-0029, CC-0041, CC-0042, CC-0050, CC-0062, CC-0064, CC-0066, CC-0068, CC-0069, CC-0077, CC-0107, CC-0135, CC-0137, CC-0173, CC-0174, CC-0188, CC-0190, CC-0195, CC-0206, CC-0208, CC-0228, CC-0235, CC-0250, CC-0252, CC-0253, CC-0255, CC-0258, CC-0259, CC-0261, CC-0262	
J9035	Injection, bevacizumab, 10 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0072, CC-0107	
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, CG-SURG-08	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0001	
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0001	
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0001	
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0072, CC-0107	
Q5108	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0072, CC-0107	
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0002	
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0066	
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	CarelonRx or Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncology, CC-0066	
S2117	Arthroereisis, subtalar	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00104	
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Joint, SURG.00043	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management MSK: Spine, SURG.00071	

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. CarelonRx, Inc. is a separate company providing utilization review services on behalf of the health plan.

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Code	Code description	Responsible party	Criteria/Guideline	Comments
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