

New Mexico Medicaid Benefit Preauthorization Code List

Procedure

This list is not exhaustive. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Green highlighted codes are managed by AIM.

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СРТ НСРС	Description	Medical Records Request information required	Category	Clinical Criteria Hierarchy	Medical Policy Number	Medical_Policy_Title	Change date
11920	CORRECT SKIN COLOR 6.0 CM/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11921	CORRECT SKN COLOR 6.1- 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11922	CORRECT SKIN COLOR EA 20.0CM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR716.011	Cosmetic and Reconstructive Procedures Reconstructive Breast Surgery	Added prior to 9/1/2019
11950	TX CONTOUR DEFECTS 1 CC/<	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019

11951	TX CONTOUR DEFECTS 1.1-5.0CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11952	TX CONTOUR DEFECTS 5.1- 10CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	· '	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11954	TX CONTOUR DEFECTS >10.0 CC	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR706.009	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sleep Related Breathing Disorders: Surgical Management	Added prior to 9/1/2019
11960	INSERT TISSUE EXPANDER(S)	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019

11970	REPLACE TISSUE EXPANDER	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	SUR716.009	Breast Implant,	Added prior to
		Physical including functional	and surgical services	BCBSNM Medical Policy	SUR716.001	Removal and/or	9/1/2019
		impairment, and Operative report		MCG	SUR716.011	Insertion	
						Cosmetic and	
						Reconstructive	
						Procedures	
						Reconstructive Breast	
						Surgery	
15002	WOUND PREP TRK/ARM/LEG	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
		physical including functional	and surgical services	BCBSNM Medical Policy		Reconstructive	9/1/2019
		impairment, and operative report.		MCG		Procedures	
15003	WOUND PREP ADDL 100 CM	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	MCG A-0495	Scar Revision	Added prior to
		physical including functional	and surgical services	BCBSNM Medical Policy			9/1/2019
		impairment, and operative report.		MCG			
15004	WOUND PREP F/N/HF/G	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	MCG A-0495	Scar Revision	Added prior to
		physical including functional	and surgical services	BCBSNM Medical Policy			9/1/2019
		impairment, and operative report.		MCG			
15005	WND PREP F/N/HF/G ADDL	Pre-operative evaluation, history and	Outpatient Medical	New Mexico Administrative Code	MCG A-0495	Scar Revision	Added prior to
	CM	physical including functional	and surgical services	BCBSNM Medical Policy			9/1/2019
		impairment, and operative report.		MCG			
15220	SKN SPLT A-GRFT	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	MCG PG-WS	Wound and Skin	Added prior to
	FAC/NCK/HF/G	Physical including functional	and surgical services	BCBSNM Medical Policy		Management GRG	9/1/2019
		impairment, and Operative report		MCG			
15775	HAIR TRNSPL 1-15 PUNCH	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
	GRFTS	Physical including functional	and surgical services	BCBSNM Medical Policy		Reconstructive	9/1/2019
		impairment, and Operative report		MCG		Procedures	
15776	HAIR TRNSPL >15 PUNCH	Pre Operative Evaluation, History and	Outpatient Medical	New Mexico Administrative Code	SUR716.001	Cosmetic and	Added prior to
	GRAFTS	Physical including functional	and surgical services	BCBSNM Medical Policy		Reconstructive	9/1/2019
		impairment, and Operative report	l	MCG		Procedures	

15780	DERMABRASION TOTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.		New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15781	DERMABRASION SEGMENTAL FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15782	DERMABRASION OTHER THAN FACE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019

15783	DERMABRASION SUPRFL ANY SITE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001 THE801.030	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15786	ABRASION LESION SINGLE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15787	ABRASION LESIONS ADD-ON	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.001 SUR717.001	Acne Management Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15788	CHEMICAL PEEL FACE EPIDERM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019

15789	CHEMICAL PEEL FACE DERMAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15792	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15793	CHEMICAL PEEL NONFACIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE801.028 SUR716.018 SUR717.001 THE801.030	Acne Management Chemical Peels Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nonpharmacologic Treatment of Rosacea	Added prior to 9/1/2019
15819	PLASTIC SURGERY NECK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG PG-WS	Wound and Skin Management GRG	Added prior to 9/1/2019
15820	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

15821	REVISION OF LOWER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15822	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15823	REVISION OF UPPER EYELID	Pre-operative Evaluation, history and physical including functional impairment, operative report and photographs of the affected eyes.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR717.001	Blepharoplasty, Blepharoptosis and Brow Repair Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15824	REMOVAL OF FOREHEAD WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15825	REMOVAL OF NECK WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

15826	REMOVAL OF BROW WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR712.031	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
15828	REMOVAL OF FACE WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
15829	REMOVAL OF SKIN WRINKLES	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
15830	EXC SKIN ABD	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15832	EXCISE EXCESSIVE SKIN THIGH	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15833		Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15834	EXCISE EXCESSIVE SKIN HIP	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
1	EXCISE EXCESSIVE SKIN BUTTCK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15836	EXCISE EXCESSIVE SKIN ARM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15837		Pre-operative evaluation, history and physical including functional impairment, and operative report.	and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15838		Pre-operative evaluation, history and physical including functional impairment, and operative report.		New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15839	EXCISE EXCESS SKIN & TISSUE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024 SUR716.017	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema Surgical Treatment of Gynecomastia	Added prior to 9/1/2019
15847		Pre-operative evaluation, history and physical including functional impairment, and operative report.	· •	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR701.024	Cosmetic and Reconstructive Procedures Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

15876		Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15877	SUCTION LIPECTOMY TRUNK	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15878	SUCTION LIPECTOMY UPR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019
15879	SUCTION LIPECTOMY LWR EXTREM	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR701.024	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Surgery for Lipedema and Lymphedema	Added prior to 9/1/2019

19294	PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
19300	MASTECTOMY GYNECOMASTIA	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.017	Surgical Treatment of Gynecomastia	Added prior to 9/1/2019
19303	MAST SIMPLE COMPLETE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.015	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Risk-Reducing (Prophylactic) Mastectomy	Added prior to 9/1/2019
19304	MAST SUBQ	Pre-operative office evaluation, pathology report, operative report, age, medication records, length of time condition present.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
19316	SUSPENSION OF BREAST	Pre-operative evaluation, history and physical including functional impairment and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.010 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Mastopexy Reconstructive Breast Surgery	Added prior to 9/1/2019

19318	REDUCTION OF LARGE BREAST	Pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001 SUR716.011 SUR716.012	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery Reduction Mammaplasty	Added prior to 9/1/2019
19324	ENLARGE BREAST	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19325	ENLARGE BREAST WITH IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19328	REMOVAL OF BREAST IMPLANT	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
19330	REMOVAL OF IMPLANT MATERIAL	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR716.011	Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
19340	IMMEDIATE BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR717.001 SUR716.011	Breast Implant, Removal and/or Insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019

19342	DELAYED BREAST PROSTHESIS	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.009 SUR717.001 SUR716.011	Breast Implant, Removal and/or Insertion Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19350	BREAST RECONSTRUCTION	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR716.011	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Reconstructive Breast Surgery	Added prior to 9/1/2019
19355	CORRECT INVERTED NIPPLE(S)	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001	Cosmetic and Reconstructive Procedures	Added prior to 9/1/2019
19380	BREAST RECONSTRUCTION	Pre Operative evaluation, History and Physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.021 SUR716.009 SUR716.011	Adipose-Derived Stem Cells in Autologous Fat Grafting to the Breast Breast Implant, Removal and/or Insertion Reconstructive Breast Surgery	Added prior to 9/1/2019
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
20930	SP BONE ALGRFT MORSEL ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20931	SP BONE ALGRET STRUCT ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

20932	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20933	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20934	INTERCALARY ALLOGRAFT COMPLETE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20936	SP BONE AGRFT LOCAL ADDON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20937	SP BONE AGRFT MORSEL ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20938	SP BONE AGRFT STRUCT ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20974	ELECTRICAL BONE STIMULATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20975	ELECTRICAL BONE STIMULATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
20983	ABLATE BONE TUMOR(S) PERQ	Pre Operative evaluation, History and Physical including functional impairment, and operative report.		New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR701.018	Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors	Added prior to 9/1/2019

20985	CPTR-ASST DIR MS PX	Pre Operative evaluation, History and Physical including functional impairment, and operative report.		New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR705.023	Computer-Assisted Navigation for Orthopedic Procedures	Added prior to 9/1/2019
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22510	PERQ CERVICOTHORACIC INJECT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22511	PERQ LUMBOSACRAL INJECTION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22512	VERTEBROPLASTY ADDL INJECT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22513	PERQ VERTEBRAL AUGMENTATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22514	PERQ VERTEBRAL AUGMENTATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22515	PERQ VERTEBRAL AUGMENTATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22526	IDET SINGLE LEVEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22527	IDET 1 OR MORE LEVELS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22533	LAT LUMBAR SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

22534	LAT THOR/LUMB ADDL SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22551	NECK SPINE FUSE&REMOV BEL C2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22552	ADDL NECK SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22554	NECK SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22558	LUMBAR SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22585	ADDITIONAL SPINAL FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22595	NECK SPINAL FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22600	NECK SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

22610	ARTHRODESIS	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	POSTERIOR/POSTEROLATER AL THORACIC	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
22612	LUMBAR SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22614	SPINE FUSION EXTRA SEGMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22630	LUMBAR SPINE FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22632	SPINE FUSION EXTRA SEGMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22633	LUMBAR SPINE FUSION COMBINED	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22634	SPINE FUSION EXTRA SEGMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	AIM - https://aimspecialtyhealth.com/provi	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
		derportal/ or 1-800-859-5299					
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22819	KYPHECTOMY 3 OR MORE SEGMENTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22830	EXPLORATION SPINAL FUSION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22840	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22841	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22842	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22843	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22844	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22845	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

22846	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22847	INSERT SPINE FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22848	INSERT PELV FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22849	REINSERTION SPINAL FIXATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22853	INSJ BIOMECHANICAL DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22854	INSJ BIOMECHANICAL DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22856	CERV ARTIFIC DISKECTOMY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22857	LUMBAR ARTIF DISKECTOMY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22858	SECOND LEVEL CER DISKECTOMY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22859	INSJ BIOMECHANICAL DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22861	REVISE CERV ARTIFIC DISC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

22862	REVISE LUMBAR ARTIF DISC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22867	INSJ STABLJ DEV W/DCMPRN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22868	INSJ STABLJ DEV W/DCMPRN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22869	INSJ STABLJ DEV W/O DCMPRN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
22870	INSJ STABLJ DEV W/O DCMPRN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23000	REMOVAL OF CALCIUM DEPOSITS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23020	RELEASE SHOULDER JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23107	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

23120	PARTIAL REMOVAL COLLAR BONE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23130	REMOVE SHOULDER BONE PART	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23410	REPAIR ROTATOR CUFF ACUTE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23412	REPAIR ROTATOR CUFF CHRONIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23415	RELEASE OF SHOULDER LIGAMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23420	REPAIR OF SHOULDER	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23430	REPAIR BICEPS TENDON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23440	REMOVE/TRANSPLANT TENDON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23450	REPAIR SHOULDER CAPSULE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23455	REPAIR SHOULDER CAPSULE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23460	REPAIR SHOULDER CAPSULE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

23462	REPAIR SHOULDER CAPSULE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23465	REPAIR SHOULDER CAPSULE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23466	REPAIR SHOULDER CAPSULE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23470	RECONSTRUCT SHOULDER JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23472	RECONSTRUCT SHOULDER JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23473	REVIS RECONST SHOULDER JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23474	REVIS RECONST SHOULDER JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27096	INJECT SACROILIAC JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27120	ACETABULOPLASTY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

27125	PARTIAL HIP REPLACEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27130	TOTAL HIP ARTHROPLASTY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27132	TOTAL HIP ARTHROPLASTY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27134	REVISE HIP JOINT REPLACEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27137	REVISE HIP JOINT REPLACEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27138	REVISE HIP JOINT REPLACEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27279	ARTHRODESIS SACROILIAC JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27280	FUSION OF SACROILIAC JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27332	REMOVAL OF KNEE CARTILAGE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27333	REMOVAL OF KNEE CARTILAGE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

27334	REMOVE KNEE JOINT LINING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27335	REMOVE KNEE JOINT LINING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27403	REPAIR OF KNEE CARTILAGE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27412	AUTOCHONDROCYTE IMPLANT KNEE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27418	REPAIR DEGENERATED KNEECAP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27420	REVISION OF UNSTABLE KNEECAP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

27422	REVISION OF UNSTABLE	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	KNEECAP	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
27424	REVISION/REMOVAL OF KNEECAP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27425	LAT RETINACULAR RELEASE OPEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27427	RECONSTRUCTION KNEE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27428	RECONSTRUCTION KNEE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27429	RECONSTRUCTION KNEE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27430	REVISION OF THIGH MUSCLES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27438	REVISE KNEECAP WITH IMPLANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27440	REVISION OF KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27441	REVISION OF KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

27442	REVISION OF KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27443	REVISION OF KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27446	REVISION OF KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27447	TOTAL KNEE ARTHROPLASTY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27486	REVISE/REPLACE KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27487	REVISE/REPLACE KNEE JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29805	SHOULDER ARTHROSCOPY DX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29806	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

29807	SHOULDER	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	ARTHROSCOPY/SURGERY	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
29819	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29820	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29821	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29822	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29823	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29824	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29825	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29826	SHOULDER ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29827	ARTHROSCOP ROTATOR CUFF REPR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29828	ARTHROSCOPY BICEPS TENODESIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

29860	HIP ARTHROSCOPY DX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29861	HIP ARTHRO W/FB REMOVAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29862	HIP ARTHRO W/DEBRIDEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29863	HIP ARTHRO W/SYNOVECTOMY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29866	AUTGRFT IMPLNT KNEE W/SCOPE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29867	ALLGRFT IMPLNT KNEE W/SCOPE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29868	MENISCAL TRNSPL KNEE W/SCPE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29870	KNEE ARTHROSCOPY DX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29871	KNEE ARTHROSCOPY/DRAINAGE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29873	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29874	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

29875	KNEE	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	ARTHROSCOPY/SURGERY	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
29876	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29877	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29879	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29880	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29881	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29882	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29883	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29884	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29885	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29886	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

29887	KNEE	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	ARTHROSCOPY/SURGERY	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
29888	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29889	KNEE ARTHROSCOPY/SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29914	HIP ARTHRO W/FEMOROPLASTY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29915	HIP ARTHRO ACETABULOPLASTY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
29916	HIP ARTHRO W/LABRAL REPAIR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
30400	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30410	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019

30420	RECONSTRUCTION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30430	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30435	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30450	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 SUR706.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Nasal and Sinus Surgery	Added prior to 9/1/2019
30460	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added prior to 9/1/2019
30462	REVISION OF NOSE	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-HNS	Head and Neck Surgery or Procedure GRG	Added prior to 9/1/2019
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

32851	LUNG TRANSPLANT SINGLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32852	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32853	LUNG TRANSPLANT DOUBLE	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
32854	LUNG TRANSPLANT WITH BYPASS	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.010	Lung and Lobar Lung Transplant	Added prior to 9/1/2019
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Letter of medical necessity, including condition being treated.	Cardiology	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR707.003	Implantable Cardioverter Defibrillators	Added prior to 9/1/2019
33935	TRANSPLANTATION HEART/LUNG	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.006	Heart/Lung Transplant	Added prior to 9/1/2019
33945	TRANSPLANTATION OF HEART	If transplant approval on record: Date of transplant If no transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.005	Heart Transplant	Added prior to 9/1/2019
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Pre-operative evaluation, history and physical including functional impairment, and operative report.	Cardiology	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR707.016	Varicose Vein Management	Added prior to 9/1/2019

37799	VASCULAR SURGERY	Submit documentation to describe	Cardiology	New Mexico Administrative Code	THE801.024	Adoptive	Added prior to
	PROCEDURE	the services. Include history and		BCBSNM Medical Policy	SUR707.016	Immunotherapy	9/1/2019
		physical with operative report or		MCG		Varicose Vein	
		procedure report.				Management	
38205	HARVEST ALLOGENEIC STEM	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	CELL	of transplant		BCBSNM Medical Policy	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		MCG	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
					SUR703.051		

38206	HARVEST AUTO STEM CELLS	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
		of transplant		BCBSNM Medical Policy	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		MCG	SUR703.043	Acute Myelogenous	, ,
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
		·			SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
					SUR703.051		
38207	CRYOPRESERVE STEM CELLS	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
		of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050	l	l
					SUR703.045		

38208	THAW PRESERVED STEM	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	CELLS	of transplant	'	MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	' '
		physical, transplant evaluation, and		,	SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
		·			SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
38209	WASH HARVEST STEM CELLS	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
		of transplant		BCBSNM Medical Policy	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		MCG	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
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					SUR703.044		
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1					SUR703.045	I	I

38210	T-CELL DEPLETION OF	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	HARVEST	of transplant		мс	SUR703.002	Transplantation for	9/1/2019
	1	If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	-, -,
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
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					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
38211	TUMOR CELL DEPLETE OF	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	HARVST	of transplant	·	мсб	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
		·			SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.029 SUR703.041	Following Preparative Regimens (General	
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					SUR703.041	Regimens (General	
					SUR703.041 SUR703.034	Regimens (General Donor and Recipient	
					SUR703.041 SUR703.034 SUR703.033	Regimens (General Donor and Recipient Information)	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040	Regimens (General Donor and Recipient Information) Hematopoietic Cell	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	

38212	RBC DEPLETION OF HARVEST	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
		of transplant		BCBSNM Medical Policy	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		MCG	SUR703.043	Acute Myelogenous	-, -,
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
38213	PLATELET DEPLETE OF	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	HARVEST	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
1					SUR703.029	Following Preparative	
					SUR703.029 SUR703.041	Following Preparative Regimens (General	
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					SUR703.041	Regimens (General	
					SUR703.041 SUR703.034	Regimens (General Donor and Recipient	
					SUR703.041 SUR703.034 SUR703.033	Regimens (General Donor and Recipient Information)	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040	Regimens (General Donor and Recipient Information) Hematopoietic Cell	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046 SUR703.044	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	
					SUR703.041 SUR703.034 SUR703.033 SUR703.040 SUR703.042 SUR703.035 SUR703.032 SUR703.031 SUR703.030 SUR703.046	Regimens (General Donor and Recipient Information) Hematopoietic Cell Transplantation as a	

38214	VOLUME DEPLETE OF	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	HARVEST	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
	11,444 231	If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	3,1,2013
		physical, transplant evaluation, and		2020	SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
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					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
38215	HARVEST STEM CELL	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	CONCENTRTE	of transplant		BCBSNM Medical Policy	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		MCG	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
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					SUR703.046		
					SUR703.046 SUR703.044		
					SUR703.046		

38230	BONE MARROW HARVEST	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	ALLOGEN	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and		,	SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
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					SUR703.046		
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					SUR703.050		
					SUR703.045		
					SUR703.051		
38232	BONE MARROW HARVEST	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	AUTOLOG	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
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1					SUR703.045		
					SUR703.051		

38240	TRANSPLT ALLO HCT/DONOR	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
002.0		of transplant		BCBSNM Medical Policy	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		MCG	SUR703.043	Acute Myelogenous	-, -,
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
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					SUR703.046		
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					SUR703.050		
					SUR703.045		
					SUR703.051		
38241	TRANSPLT AUTOL	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	HCT/DONOR	of transplant		MCG	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
					SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
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					SUR703.031 SUR703.030 SUR703.046 SUR703.044		

38242	TRANSPLT ALLO	If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.037	Hematopoietic Cell	Added prior to
	LYMPHOCYTES	of transplant		мсб	SUR703.002	Transplantation for	9/1/2019
		If no transplant approval: history and		BCBSNM Medical Policy	SUR703.043	Acute Myelogenous	
		physical, transplant evaluation, and			SUR703.047	Leukemia (AML)	
		date of transplant.			SUR703.036	Hematopoietic Cell	
		·			SUR703.038	Transplantation (HCT)	
					SUR703.039	or Additional Infusion	
					SUR703.029	Following Preparative	
					SUR703.041	Regimens (General	
					SUR703.034	Donor and Recipient	
					SUR703.033	Information)	
					SUR703.040	Hematopoietic Cell	
					SUR703.042	Transplantation as a	
					SUR703.035	Treatm	
					SUR703.032		
					SUR703.031		
					SUR703.030		
					SUR703.046		
					SUR703.044		
					SUR703.050		
					SUR703.045		
41019	PLACEMENT NEEDLE	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	HEAD/NECK RADIOELEMENT	https://aimspecialtyhealth.com/provi		ources/clinical-guidelines/			
	APPLICAT	derportal/ or 1-800-859-5299					
43499	UNLISTED PROCEDURE		Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	ESOPHAGUS	https://aimspecialtyhealth.com/provi		ources/clinical-guidelines/			Removed
		derportal/ or 1-800-859-5299					4/1/2022
43999	STOMACH SURGERY	If transplant approval on record: Date	Outpatiant Madical	New Mexico Administrative Code	SUR716.003	Dariatria Curgany	Added prior to
43999	PROCEDURE		and surgical services	BCBSNM Medical Policy	30K/16.003	Bariatric Surgery	9/1/2019
	PROCEDORE	of Transplant If no Transplant approval: history and	and surgical services	MCG			9/1/2019
		physical, transplant evaluation, and		INICG			
		date of transplant.					
		date of transplant.					
		If transplant approval on record: Date	Transplant	New Mexico Administrative Code	SUR703.014	Isolated Small Bowel	Added prior to
44132	ENTERECTOMY CADAVER	In transplant approval on record. Date					1
44132			'	BCBSNM Medical Policy	SUR703.009	Transplant	9/1/2019
44132	DONOR	of Transplant	·	BCBSNM Medical Policy MCG	SUR703.009	Transplant Small Bowel/Liver and	9/1/2019
44132		of Transplant If no Transplant approval: history and	·	BCBSNM Medical Policy MCG	SUR703.009	Small Bowel/Liver and	' '
44132		of Transplant If no Transplant approval: history and physical, transplant evaluation, and	·	1	SUR703.009	· •	' '
44132		of Transplant If no Transplant approval: history and	·	1	SUR703.009	Small Bowel/Liver and	' '

44133	ENTERECTOMY LIVE DONOR	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44135	INTESTINE TRANSPLNT CADAVER	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
44136	INTESTINE TRANSPLANT LIVE	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.014 SUR703.009	Isolated Small Bowel Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47135		If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.008 SUR703.009	Liver Transplant and Combined Liver-Kidney Transplant Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47399	LIVER SURGERY PROCEDURE	History and physical, procedure report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR701.031 SUR703.009	Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Small Bowel/Liver and Multivisceral Transplant	Added prior to 9/1/2019
47579	LAPAROSCOPE PROC BILIARY		Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-GS	General Surgery or Procedure GRG	Added prior to 9/1/2019
47999	UNLISTED PROCEDURE BILIARY TRACT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021 Removed 4/1/2022
48160	PANCREAS REMOVAL/TRANSPLANT	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	Transplant	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019

48554	TRANSPL ALLOGRAFT PANCREAS	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	·	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.013	Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50360	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	·	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50365	TRANSPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.	·	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.007 SUR703.008 SUR703.013	Kidney Transplant Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
50380	REIMPLANTATION OF KIDNEY	If transplant approval on record: Date of Transplant If no Transplant approval: history and physical, transplant evaluation, and date of transplant.		New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR703.008 SUR703.013	Liver Transplant and Combined Liver-Kidney Transplant Pancreas and Related Organ Tissue Transplantation	Added prior to 9/1/2019
54304	REVISION OF PENIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-1172	Urethroplasty	Added prior to 9/1/2019
54405	INSERT MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019

	REMOVE MUTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
	REPAIR MULTI-COMP PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
	REMOVE/REPLACE PENIS PROSTH	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54411	REMOV/REPLC PENIS PROS COMP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
	REMOVE SELF-CONTD PENIS PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019

54416	REMV/REPL PENIS CONTAIN PROS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54417	REMV/REPLC PENIS PROS COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
54520	REMOVAL OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54660	REVISION OF TESTIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.001 SUR717.001	Cosmetic and Reconstructive Procedures Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
54690	LAPAROSCOPY ORCHIECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55175	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55180	REVISION OF SCROTUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021 Removed 4/1/2022
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
55970	SEX TRANSFORMATION M TO F	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
55980	SEX TRANSFORMATION F TO M	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56356	HYSTEROSCOPY SURG; W/ENDOMETRIAL ABLATION	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0286	Hysteroscopy, with or without Endometrial Resection, Ablation, or Myomectomy	Added prior to 9/1/2019

56625	COMPLETE REMOVAL OF VULVA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56800	REPAIR OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56805	REPAIR CLITORIS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
56810	REPAIR OF PERINEUM	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
57106	REMOVE VAGINA WALL PARTIAL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57107	REMOVE VAGINA TISSUE PART	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57110	REMOVE VAGINA WALL COMPLETE	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57111	REMOVE VAGINA TISSUE COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
57156	INSERTION VAGINAL RADIATION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
57291	CONSTRUCTION OF VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57292	CONSTRUCT VAGINA WITH GRAFT	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57295	REVISE VAG GRAFT VIA VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57296	REVISE VAG GRAFT OPEN ABD	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
57311	REPAIR URETHROVAGINAL LESION	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG SG-OBS	Obstetric and Gynecologic Surgery or Procedure GRG	Added prior to 9/1/2019
57335	REPAIR VAGINA	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001 MED201.030	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Sexual Dysfunctions, Assessment and Treatment	Added prior to 9/1/2019
57426	REVISE PROSTH VAG GRAFT LAP	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

58150	TOTAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58180	PARTIAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58240	REMOVAL OF PELVIS CONTENTS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
58260	VAGINAL HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58262	VAG HYST INCLUDING T/O	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58290	VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58291	VAG HYST INCL T/O COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
58350	REOPEN FALLOPIAN TUBE	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	OB402.023	Services for Infertility and Recurrent Fetal Loss	Added prior to 9/1/2019

58541	LSH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58542	LSH W/T/O UT 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58543	LSH UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58544	LSH W/T/O UTERUS ABOVE 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58550	LAPARO-ASST VAG HYSTERECTOMY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58552	LAPARO-VAG HYST INCL T/O	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58553	LAPARO-VAG HYST COMPLEX	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58554	LAPARO-VAG HYST W/T/O COMPL	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58570	TLH UTERUS 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019

58571	TLH W/T/O 250 G OR LESS	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58572	TLH UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58573	TLH W/T/O UTERUS OVER 250 G	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58672	LAPAROSCOPY FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
58720	REMOVAL OF OVARY/TUBE(S)	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR717.001	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services	Added prior to 9/1/2019
58760	FIMBRIOPLASTY	Submit history and physical, documentation of medical necessity, operative report.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG S-450	Laparotomy for Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy	Added prior to 9/1/2019
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

61799		AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62263	EPIDURAL LYSIS MULT SESSIONS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62264	EPIDURAL LYSIS ON SINGLE DAY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62280	TREAT SPINAL CORD LESION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62281	TREAT SPINAL CORD LESION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62282	TREAT SPINAL CANAL LESION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62287	PERCUTANEOUS DISKECTOMY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62292	NJX CHEMONUCLEOLYSIS LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62320	NJX INTERLAMINAR CRV/THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62321	NJX INTERLAMINAR CRV/THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

62322	NJX INTERLAMINAR	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	LMBR/SAC	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
62323	NJX INTERLAMINAR LMBR/SAC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62324	NJX INTERLAMINAR CRV/THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62325	NJX INTERLAMINAR CRV/THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62327	NJX INTERLAMINAR LMBR/SAC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62350	IMPLANT SPINAL CANAL CATH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62351	IMPLANT SPINAL CANAL CATH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62360	INSERT SPINE INFUSION DEVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62361	IMPLANT SPINE INFUSION PUMP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62362	IMPLANT SPINE INFUSION PUMP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

63001	REMOVE SPINE LAMINA 1/2 CRVL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC		Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63005	REMOVE SPINE LAMINA 1/2 LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63012	REMOVE LAMINA/FACETS LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63015	REMOVE SPINE LAMINA >2 CRVCL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63017	REMOVE SPINE LAMINA >2 LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63020	NECK SPINE DISK SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63030	LOW BACK DISK SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63035	SPINAL DISK SURGERY ADDON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63040	LAMINOTOMY SINGLE CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

63042	LAMINOTOMY SINGLE	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	LUMBAR	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
63043	LAMINOTOMY ADDL CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63044	LAMINOTOMY ADDL LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63045	REMOVE SPINE LAMINA 1 CRVL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63046	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63047	REMOVE SPINE LAMINA 1 LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63048	REMOVE SPINAL LAMINA ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63050	CERVICAL LAMINOPLSTY 2/> SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63051	C-LAMINOPLASTY W/GRAFT/PLATE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63052	LAM FACETC/FRMT ARTHRD LUM 1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
63053	LAM FACTC/FRMT ARTHRD LUM EA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022

63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63056	DECOMPRESS SPINAL CORD LMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63057	DECOMPRESS SPINE CORD ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63075	NECK SPINE DISK SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63076	NECK SPINE DISK SURGERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63081	REMOVE VERT BODY DCMPRN CRVL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63082	REMOVE VERTEBRAL BODY ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63088	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

63200	LAMINECTOMY RELEASE	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	TETHERED SPINAL CORD LUMBAR	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
63250	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63252	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63290	LAM BX/EXC ISPI NEO XDRL- IDRL LES ANY LVL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63300	VCRPEC LES 1 SGM XDRL CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63306	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63650	IMPLANT NEUROELECTRODES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63655	IMPLANT NEUROELECTRODES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63685	INSRT/REDO SPINE N GENERATOR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64451	SI joint nerve block	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64479	INJ FORAMEN EPIDURAL C/T	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

64480	INJ FORAMEN EPIDURAL	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	ADD-ON	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
64483	INJ FORAMEN EPIDURAL L/S	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64484	INJ FORAMEN EPIDURAL ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64490	INJ PARAVERT F JNT C/T 1 LEV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64491	INJ PARAVERT F JNT C/T 2 LEV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64492	INJ PARAVERT F JNT C/T 3 LEV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64493	INJ PARAVERT F JNT L/S 1 LEV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64494	INJ PARAVERT F JNT L/S 2 LEV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64495	INJ PARAVERT F JNT L/S 3 LEV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64510	N BLOCK STELLATE GANGLION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64520	N BLOCK LUMBAR/THORACIC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

64625	RF ABLTJ NRV NRVTG SI JT		Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
		https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
64633	DESTROY CERV/THOR FACET JNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64634	DESTROY C/TH FACET JNT ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64635	DESTROY LUMB/SAC FACET JNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64636	DESTROY L/S FACET JNT ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
64999	NERVOUS SYSTEM SURGERY	Submit documentation to describe the services. Include history and physical with operative report or procedure report.	Musculoskeletal		RX501.019 SUR703.003 SUR702.017 SUR712.024 SUR701.031 MED205.037 SUR710.019 SUR712.033 MED205.032 MED205.035 MED205.036 MED205.039 MED201.039	Botulinum Toxin Brain Tissue Transplantation and Neurotransplantation Facet Joint and Sacroiliac Joint Denervation Lysis of Epidural Adhesions Magnetic Resonance Image Guided Laser Interstitial Tumor Therapy (LITT) Navigated Transcranial Magnetic Stimulat	Added prior to 9/1/2019

67218	DSTRJ LESION RETINA 1/>	AIM -	Radiation Therapy	https://aimspecialtyhealth.com/res	AIM	AIM	Added 4/1/2021
	SESS RADJ IMPLTJ	https://aimspecialtyhealth.com/providerportal/or 1-800-859-5299		ources/clinical-guidelines/			
67900	REPAIR BROW DEFECT	Pre Operative Evaluation, History and Physical and Operative report	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004 SUR712.031	Blepharoplasty, Blepharoptosis and Brow Repair Surgical Deactivation of Headache Trigger Sites	Added prior to 9/1/2019
67901	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67902	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67903	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67904	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67906	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
67908	REPAIR EYELID DEFECT	Letter of medical necessity, including condition being treated.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.004	Blepharoplasty, Blepharoptosis and Brow Repair	Added prior to 9/1/2019
69930	IMPLANT COCHLEAR DEVICE	Pre-operative evaluation, operative eport, previous use of hearing aids, level of hearing Impairment.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
70336	MAGNETIC IMAGE JAW JOINT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

70450	CT HEAD/BRAIN W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70460	CT HEAD/BRAIN W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70470	CT HEAD/BRAIN W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70480	CT ORBIT/EAR/FOSSA W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70481	CT ORBIT/EAR/FOSSA W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70486	CT MAXILLOFACIAL W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70487	CT MAXILLOFACIAL W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70488	CT MAXILLOFACIAL W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70490	CT SOFT TISSUE NECK W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70491	CT SOFT TISSUE NECK W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

70492	CT SFT TSUE NCK W/O &	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/DYE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
70496	CT ANGIOGRAPHY HEAD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70498	CT ANGIOGRAPHY NECK	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70540	MRI ORBIT/FACE/NECK W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70542	MRI ORBIT/FACE/NECK W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70543	MRI ORBT/FAC/NCK W/O &W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70544	MR ANGIOGRAPHY HEAD W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70545	MR ANGIOGRAPHY HEAD W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70547	MR ANGIOGRAPHY NECK W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70548	MR ANGIOGRAPHY NECK W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

70549	MR ANGIOGRAPH NECK		Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/O&W/DYE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
70551	MRI BRAIN STEM W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70552	MRI BRAIN STEM W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70553	MRI BRAIN STEM W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70554	FMRI BRAIN BY TECH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
70555	FMRI BRAIN BY PHYS/PSYCH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71250	CT THORAX W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71260	CT THORAX W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71270	CT THORAX W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71271	CT THORAX W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5300	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71275	CT ANGIOGRAPHY CHEST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

71550	MRI CHEST W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71551	MRI CHEST W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71552	MRI CHEST W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
71555	MRI ANGIO CHEST W OR W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72125	CT NECK SPINE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72126	CT NECK SPINE W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72127	CT NECK SPINE W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72128	CT CHEST SPINE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72129	CT CHEST SPINE W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72130	CT CHEST SPINE W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72131	CT LUMBAR SPINE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

72132	CT LUMBAR SPINE W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72133	CT LUMBAR SPINE W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72141	MRI NECK SPINE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72142	MRI NECK SPINE W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72146	MRI CHEST SPINE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72147	MRI CHEST SPINE W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72148	MRI LUMBAR SPINE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72149	MRI LUMBAR SPINE W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72156	MRI NECK SPINE W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72157	MRI CHEST SPINE W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72158	MRI LUMBAR SPINE W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

72159	MR ANGIO SPINE	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/O&W/DYE	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
72191	CT ANGIOGRAPH PELV W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72192	CT PELVIS W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72193	CT PELVIS W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72194	CT PELVIS W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72195	MRI PELVIS W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72196	MRI PELVIS W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72197	MRI PELVIS W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
72198	MR ANGIO PELVIS W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73200	CT UPPER EXTREMITY W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73201	CT UPPER EXTREMITY W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

73202	CT UPPR EXTREMITY	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/O&W/DYE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
73206	CT ANGIO UPR EXTRM W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73218	MRI UPPER EXTREMITY W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73219	MRI UPPER EXTREMITY W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73220	MRI UPPR EXTREMITY W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73221	MRI JOINT UPR EXTREM W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73222	MRI JOINT UPR EXTREM W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73223	MRI JOINT UPR EXTR W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73225	MR ANGIO UPR EXTR W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73700	CT LOWER EXTREMITY W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73701	CT LOWER EXTREMITY W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

73702	CT LWR EXTREMITY	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/O&W/DYE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
73706	CT ANGIO LWR EXTR W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73718	MRI LOWER EXTREMITY W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73719	MRI LOWER EXTREMITY W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73720	MRI LWR EXTREMITY W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73721	MRI JNT OF LWR EXTRE W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73722	MRI JOINT OF LWR EXTR W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73723	MRI JOINT LWR EXTR W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
73725	MR ANG LWR EXT W OR W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74150	CT ABDOMEN W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74160	CT ABDOMEN W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

74170	CT ABDOMEN W/O & W/DYE	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
		https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
74174	CT ANGIO ABD&PELV W/O&W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74175	CT ANGIO ABDOM W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74176	CT ABD & PELVIS W/O CONTRAST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74177	CT ABD & PELV W/CONTRAST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74178	CT ABD & PELV 1/> REGNS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74181	MRI ABDOMEN W/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74182	MRI ABDOMEN W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74183	MRI ABDOMEN W/O & W/DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74185	MRI ANGIO ABDOM W ORW/O DYE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74261	CT COLONOGRAPHY DX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

74262	CT COLONOGRAPHY DX		Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/DYE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
74263	CT COLONOGRAPHY SCREENING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74712	MRI FETAL SNGL/1ST GESTATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
74713	MRI FETAL EA ADDL GESTATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
75635	CT ANGIO ABDOMINAL ARTERIES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76376	3D RENDER W/INTRP POSTPROCES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76377	3D RENDER W/INTRP POSTPROCES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76380	CAT SCAN FOLLOW-UP STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76390	MR SPECTROSCOPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76391	MR ELASTOGRAPHY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
76975	GI ENDOSCOPIC ULTRASOUND	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77014	CT SCAN FOR THERAPY GUIDE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77046	MRI BREAST C- UNILATERAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77047	MRI BREAST C- BILATERAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77048	MRI BREAST C-+ W/CAD UNI	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77049	MRI BREAST C-+ W/CAD BI	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77078	CT BONE DENSITY AXIAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77084	MAGNETIC IMAGE BONE MARROW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77338	DESIGN MLC DEVICE FOR IMRT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77371	SRS MULTISOURCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77372	SRS LINEAR BASED	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77373	SBRT DELIVERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77385	NTSTY MODUL RAD TX DLVR SMPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77386	NTSTY MODUL RAD TX DLVR CPLX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77387	GUIDANCE FOR RADJ TX DLVR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

77402	RADIATION TREATMENT DELIVERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77407	RADIATION TREATMENT DELIVERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77412	RADIATION TREATMENT DELIVERY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77424	NEUTRON BEAM TX COMPLEX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77425	IO RAD TX DELIVERY BY X- RAY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77470	SPECIAL TREATMENT PROCEDURE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77520	IO RAD TX DELIVER BY ELCTRNS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77522	PROTON TRMT SIMPLE W/COMP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

77523	PROTON TRMT	AIM -	Radiation Therapy	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	INTERMEDIATE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
77525	PROTON TREATMENT COMPLEX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77750	INFUSE RADIOACTIVE MATERIALS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77761	APPLY INTRCAV RADIAT SIMPLE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77762	APPLY INTRCAV RADIAT INTERM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77763	APPLY INTRCAV RADIAT COMPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77767	HDR RDNCL SKN SURF BRACHYTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77768	HDR RDNCL SKN SURF BRACHYTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

77778	APPLY INTERSTIT RADIAT COMPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
78012	THYROID UPTAKE MEASUREMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78013	THYROID IMAGING W/BLOOD FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78014	THYROID IMAGING W/BLOOD FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78015	THYROID MET IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78016	THYROID MET IMAGING/STUDIES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78018	THYROID MET IMAGING BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78020	THYROID MET UPTAKE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78070	PARATHYROID PLANAR IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78071	PARATHYRD PLANAR W/WO SUBTRJ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78072	PARATHYRD PLANAR	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	W/SPECT&CT	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
78075	ADRENAL CORTEX & MEDULLA IMG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78102	BONE MARROW IMAGING LTD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78103	BONE MARROW IMAGING MULT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78104	BONE MARROW IMAGING BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78185	SPLEEN IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78195	LYMPH SYSTEM IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78201	LIVER IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78202	LIVER IMAGING WITH FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78215	LIVER AND SPLEEN IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78216	LIVER & SPLEEN IMAGE/FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78226	HEPATOBILIARY SYSTEM	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	IMAGING	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
78227	HEPATOBIL SYST IMAGE W/DRUG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78230	SALIVARY GLAND IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78231	SERIAL SALIVARY IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78232	SALIVARY GLAND FUNCTION EXAM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78258	ESOPHAGEAL MOTILITY STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78261	GASTRIC MUCOSA IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78262	GASTROESOPHAGEAL REFLUX EXAM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78264	GASTRIC EMPTYING IMAG STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78265	GASTRIC EMPTYING IMAG STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78266	GASTRIC EMPTYING IMAG STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78278	ACUTE GI BLOOD LOSS	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	IMAGING	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
78290	MECKELS DIVERT EXAM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78291	LEVEEN/SHUNT PATENCY EXAM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78300	BONE IMAGING LIMITED AREA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78305	BONE IMAGING MULTIPLE AREAS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78306	BONE IMAGING WHOLE BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78315	BONE IMAGING 3 PHASE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78445	VASCULAR FLOW IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78456	ACUTE VENOUS THROMBUS IMAGE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78457	VENOUS THROMBOSIS IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78458	VEN THROMBOSIS IMAGES BILAT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78579	LUNG VENTILATION	AIM -	Radiology	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	IMAGING	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
78580	LUNG PERFUSION IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78582	LUNG VENTILAT&PERFUS IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78597	LUNG PERFUSION DIFFERENTIAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78598	LUNG PERF&VENTILAT DIFERENTL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78600	BRAIN IMAGE < 4 VIEWS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78605	BRAIN IMAGE 4+ VIEWS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78608	BRAIN IMAGING (PET)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78609	BRAIN IMAGING (PET)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78610	BRAIN FLOW IMAGING ONLY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78630	CEREBROSPINAL FLUID SCAN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78635	CSF VENTRICULOGRAPHY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78645	CSF SHUNT EVALUATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78650	CSF LEAKAGE IMAGING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78660	NUCLEAR EXAM OF TEAR FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78700	KIDNEY IMAGING MORPHOL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78701	KIDNEY IMAGING WITH FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78707	K FLOW/FUNCT IMAGE W/O DRUG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78708	K FLOW/FUNCT IMAGE W/DRUG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78709	K FLOW/FUNCT IMAGE MULTIPLE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78725	KIDNEY FUNCTION STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78730	URINARY BLADDER RETENTION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78740	URETERAL REFLUX STUDY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78761	TESTICULAR IMAGING W/FLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78800	TUMOR IMAGING LIMITED AREA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78801	TUMOR IMAGING MULT AREAS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78802	TUMOR IMAGING WHOLE BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78803	TUMOR IMAGING (3D)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78804	TUMOR IMAGING WHOLE BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78811	PET IMAGE LTD AREA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78812	PET IMAGE SKULL-THIGH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

78813	PET IMAGE FULL BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78814	PET IMAGE W/CT LMTD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78815	PET IMAGE W/CT SKULL- THIGH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78816	PET IMAGE W/CT FULL BODY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78830	RP LOCLZJ TUM SPECT W/CT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78831	RP LOCLZJ TUM SPECT 2 AREAS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
78832	RP LOCLZJ TUM SPECT W/CT 2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
79005	NUCLEAR RX ORAL ADMIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
79101	NUCLEAR RX IV ADMIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
79403	HEMATOPOIETIC NUCLEAR TX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81120	IDH1 COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81121	IDH2 COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81163	BRCA1&2 GEN FULL SEQ DUP/DEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81164	BRCA1&2 GEN FULL SEQ DUP/DEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81165	BRCA1&2 GEN FULL SEQ DUP/DEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81166	BRCA1&2 GEN FULL SEQ DUP/DEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81167	BRCA1&2 GEN FULL SEQ DUP/DEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81168	CCND1/IGH	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81173	AR GENE FULL GENE	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	SEQUENCE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81174	AR GENE KNOWN FAMIL VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES		Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES		Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81184	CACNA1A GENE ANALYSIS	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	EVAL DETECT ABNOR ALLELES	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81185	CACNA1A GENE FULL GENE SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81186	CACNA1A GEN KNOWN FAMIL VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81189	CSTB GENE FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81190	CSTB GENE KNOWN FAMIL VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81191	NTRK1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81192	NTRK2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81193	NTRK3	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81194	NTRK	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81200	ASPA GENE ANALYSIS	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	COMMON VARIANTS	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81201	APC GENE FULL SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81202	APC GENE KNOWN FAM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81203	APC GENE DUP/DELET VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIV E	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81212	BRCA1&2 185&5385&6174 VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81215	BRCA1 GENE KNOWN FAMIL VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81216	BRCA2 GENE FULL SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81217	BRCA2 GENE KNOWN FAMIL VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81221	CFTR GENE KNOWN FAM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81222	CFTR GENE DUP/DELET VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81223	CFTR GENE FULL SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81225	CYP2C19 GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81226	CYP2D6 GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81227	CYP2C9 GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81228	CYTOGEN MICRARRAY COPY	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	NMBR	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81229	CYTOGEN M ARRAY COPY NO&SNP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81230	CYP3A4 GENE COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81231	CYP3A5 GENE COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81232	DPYD GENE COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81233	BTK GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81235	EGFR GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81238	F9 FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

DMPK GENE ANALYSIS	AIM -	Lab	https://aimspecialtyhealth.com/res	IAIM	IAIM	Added 1/1/2021
CHARACTERIZATION OF ALLELES	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			7.4464 1, 1, 2021
F2 GENE ANALYSIS 20210G >A VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
FANCC GENE ANALYSIS COMMON VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6PD GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6PD KNOWN FAMILIAL VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6PD FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6PC GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
	F2 GENE ANALYSIS 20210G >A VARIANT FANCC GENE ANALYSIS COMMON VARIANT FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS G6PD GENE ANALYSIS COMMON VARIANTS G6PD KNOWN FAMILIAL VARIANT G6PD FULL GENE SEQUENCE G6PC GENE ANALYSIS COMMON VARIANTS	CHARACTERIZATION OF ALLELES F2 GENE ANALYSIS 20210G >A VARIANT F3 GENE ANALYSIS 20210G >A VARIANT F4 GENE ANALYSIS 20210G >A VARIANT F5 GENE ANALYSIS 20210G >A IM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 F5 GENE ANALYSIS COMMON VARIANT F5 GENE ANALYSIS COMMON VARIANT F5 GENE ANALYSIS CHARACTERIZATION OF ALLELES F6 HT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS F1 GENE ANALYSIS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PD KNOWN FAMILIAL VARIANT AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PD FULL GENE SEQUENCE AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PA GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299	CHARACTERIZATION OF ALLELES https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 Lab F2 GENE ANALYSIS 20210G AVARIANT FANCC GENE ANALYSIS COMMON VARIANT AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES Lab HTTPS://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 Lab HTT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS HTT9://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 Lab Lab Lab Lab Lab AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 Lab Lab Lab AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PD GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PD KNOWN FAMILIAL VARIANT AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PD FULL GENE SEQUENCE G6PD FULL GENE SEQUENCE AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299	CHARACTERIZATION OF ALLELES ANALYSIS 20210G ALM	CHARACTERIZATION OF ALLELES F2 GENE ANALYSIS 20210G ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 Lab ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 FANCC GENE ANALYSIS COMMON VARIANT ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 FMRI GENE ANALYSIS CHARACTERIZATION OF ALLELES ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 FMRI GENE ANALYSIS CHARACTERIZATION OF ALLELES ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 ELT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 ELT3 GENE ANALYSIS COMMON VARIANTS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 ELT3 GENE ANALYSIS COMMON VARIANTS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 ELT3 GENE ANALYSIS COMMON VARIANTS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PD GENE ANALYSIS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PD KNOWN FAMILIAL VARIANT ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PD FULL GENE SEQUENCE ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PD FULL GENE SEQUENCE ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PC GENE ANALYSIS COMMON VARIANTS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PC GENE ANALYSIS ALM - Nttps://aimspecialtyhealth.com/provi derportal/ or 1.800-859-5299 G6PC GENE ANALYSIS ALM - Nttps://aimspecialtyhealth.com/res ALM - Nttps://aimspecialtyhealth.c	CHARACTERIZATION OF ALLELES A

81252	GJB2 GENE FULL SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81253	GJB2 GENE KNOWN FAM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81255	HEXA GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81257	HBA1/HBA2 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81258	HBA1/HBA2 GENE FAM VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81259	HBA1/HBA2 FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81264	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81273	KIT GENE ANALYSIS D816 VARIANT(S)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81276	KRAS GENE ANALYSIS	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	ADDITIONAL VARIANT(S)	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81277	CYTOGENOMIC NEO MICRORA ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81278	IGH/BCL2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81279	JAK2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81283	IFNL3 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81286	FXN GENE FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81289	FXN GENE KNOWN FAMIL VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81291	MTHFR GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81292	MLH1 GENE FULL SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81293	MLH1 GENE KNOWN VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81294	MLH1 GENE DUP/DELETE VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81295	MSH2 GENE FULL SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81296	MSH2 GENE KNOWN VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81297	MSH2 GENE DUP/DELETE VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81298	MSH6 GENE FULL SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81299	MSH6 GENE KNOWN VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81300	MSH6 GENE DUP/DELETE VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81302	MECP2 GENE FULL SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81303	MECP2 GENE KNOWN VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81304	MECP2 GENE DUP/DELET VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81306	NUDT15 GENE COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81307	PALB2 GENE FULL GENE SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81308	PALB2 GENE KNOWN FAMIL VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL	AIM - https://aimspecialtyhealth.com/provi	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
	ALLELES	derportal/ or 1-800-859-5299					
81313	PCA3/KLK3 ANTIGEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81317	PMS2 GENE FULL SEQ ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81318	PMS2 KNOWN FAMILIAL VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81319	PMS2 GENE DUP/DELET VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81321	PTEN GENE FULL SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81322	PTEN GENE KNOWN FAM VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81323	PTEN GENE DUP/DELET	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	VARIANT	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81325	PMP22 GENE FULL SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81326	PMP22 GENE KNOWN FAM VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81328	SLCO1B1 GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81331	SNRPN/UBE3A METHYLATION ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81335	TPMT GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81336	SMN1 GENE FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81338	MPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81339	MPL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81342	TRG@ GENE REARRANGEMENT ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81346	TYMS GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81347	SF3B1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81348	SRSF2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81349	CYTOG ALYS CHRML ABNR LW-PS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
81350	UGT1A1 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81351	TP53	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81352	TP53	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81353	TP53	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81355	VKORC1 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81357	U2AF1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81360	ZRSR2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81361	HBB GENE COM VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81362	HBB GENE KNOWN FAM VARIANT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81363	HBB GENE DUP/DEL VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81364	HBB FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81400	MOPATH PROCEDURE LEVEL 1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81401	MOPATH PROCEDURE LEVEL 2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81402	MOPATH PROCEDURE LEVEL 3	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81403	MOPATH PROCEDURE LEVEL 4	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81404	MOPATH PROCEDURE LEVEL 5	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81405	MOPATH PROCEDURE LEVEL 6	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81406	MOPATH PROCEDURE LEVEL 7	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81407	MOPATH PROCEDURE LEVEL 8	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81408	MOPATH PROCEDURE LEVEL 9	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81410	AORTIC DYSFUNCTION/DILATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81411	AORTIC DYSFUNCTION/DILATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81412	ASHKENAZI JEWISH ASSOC DIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81413	CAR ION CHNNLPATH INC 10 GNS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81414	CAR ION CHNNLPATH INC 2 GNS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81415	EXOME SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81416	EXOME SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81417	EXOME RE-EVALUATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81419	Epilepsy genomic sequence analysis panel	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81422	FETAL CHRMOML	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	MICRODELTJ	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
81425	GENOME SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81426	GENOME SEQUENCE ANALYSIS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81427	GENOME RE-EVALUATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81430	HEARING LOSS SEQUENCE ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81431	HEARING LOSS DUP/DEL ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81432	HRDTRY BRST CA-RLATD DSORDRS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81433	HRDTRY BRST CA-RLATD DSORDRS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81434	HEREDITARY RETINAL DISORDERS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81435	HEREDITARY COLON CA DSORDRS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81436	HEREDITARY COLON CA DSORDRS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81437	HEREDTRY NURONDCRN	IAIM -	Lab	https://aimspecialtyhealth.com/res	AIM	IAIM	Added 1/1/2021
	TUM DSRDR	https://aimspecialtyhealth.com/providerportal/or 1-800-859-5299		ources/clinical-guidelines/			, , , , , , , , , , , , , , , , , , , ,
81438	HEREDTRY NURONDCRN TUM DSRDR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81439	HRDTRY CARDMYPY GENE PANEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81440	MITOCHONDRIAL GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81442	NOONAN SPECTRUM DISORDERS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81443	TARGETED GENOMIC SEQ ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81445	TARGETED GENOMIC SEQ ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81448	HRDTRY PERPH NEURPHY PANEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81450	TARGETED GENOMIC SEQ ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81455	TARGETED GENOMIC SEQ ANALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81460	WHOLE MITOCHONDRIAL GENOME	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81465	WHOLE MITOCHONDRIAL GENOME	AIM - https://aimspecialtyhealth.com/provi	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
	GENOME	derportal/ or 1-800-859-5299		ources) chinedi galachines)			
81470	X-LINKED INTELLECTUAL DBLT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81471	X-LINKED INTELLECTUAL DBLT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81479	UNLISTED MOLECULAR PATHOLOGY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81493	COR ARTERY DISEASE MRNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81504	ONCOLOGY TISSUE OF ORIGIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81518	ONCOLOGY BREAST MRNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81519	ONCOLOGY BREAST MRNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81520	ONC BREAST MRNA 58 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81521	ONC BREAST MRNA 70 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81522	ONC BREAST MRNA 12 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

81523	ONC BRST MRNA 70 CNT 31 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
81525	ONCOLOGY COLON MRNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81529	ONCOLOGY COLON MRNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81540	ONCOLOGY TUM UNKNOWN ORIGIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81541	ONC PROSTATE MRNA 46 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81542	ONC PROSTATE MRNA 22 CNT GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81546	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81551	ONC PROSTATE 3 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81552	ONC UVEAL MLNMA MRNA 15 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81554	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
81595	CARDIOLOGY HRT TRNSPL MRNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

90283	HUMAN IG IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90284	HUMAN IG SC	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	Added prior to 9/1/2019
90378	RSV MAB IM 50MG	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.009	Respiratory Syncytial Virus (RSV) Immunoprophylaxis	Added prior to 9/1/2019
90870	ELECTROCONVULSIVE THERAPY	History and physical, chart notes from ordering physician, treatment plan.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	PSY301.013	Electroconvulsive Therapy	Added prior to 9/1/2019
90999	DIALYSIS PROCEDURE	History and physical, chart notes from ordering physician, treatment plan and results.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.062	Ultrafiltration in Decompensated Heart Failure	Added prior to 9/1/2019
92507	SPEECH/HEARING THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92508	SPEECH/HEARING THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92520	LARYNGEAL FUNCTION STUDIES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92521	EVALUATION OF SPEECH FLUENCY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92522	EVALUATE SPEECH PRODUCTION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92523	SPEECH SOUND LANG COMPREHEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

92524	BEHAVRAL QUALIT ANALYS VOICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92526	ORAL FUNCTION THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92597	ORAL SPEECH DEVICE EVAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92605	EX FOR NONSPEECH DEVICE RX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92606	NON-SPEECH DEVICE SERVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92607	EX FOR SPEECH DEVICE RX 1HR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92608	EX FOR SPEECH DEVICE RX ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92609	USE OF SPEECH DEVICE SERVICE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92610	EVALUATE SWALLOWING FUNCTION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92611	MOTION FLUOROSCOPY/SWALLOW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92618	EX FOR NONSPEECH DEV RX ADD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

92626	EVAL AUD REHAB STATUS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92627	EVAL AUD STATUS REHAB ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92630	AUD REHAB PRE-LING HEAR LOSS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
92633	AUD REHAB POSTLING HEAR LOSS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95782	POLYSOM <6 YRS 4/> PARAMTRS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95783	POLYSOM <6 YRS CPAP/BILVL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95800	SLP STDY UNATTENDED	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95801	SLP STDY UNATND W/ANAL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95805	MULTIPLE SLEEP LATENCY TEST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95806	SLEEP STUDY UNATT&RESP EFFT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95807	SLEEP STUDY ATTENDED	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

95808	POLYSOM ANY AGE 1-3>	AIM -	Sleep	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	PARAM	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
95810	POLYSOM 6/> YRS 4/> PARAM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95811	POLYSOM 6/>YRS CPAP 4/> PARM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
95992	CANALITH REPOSITIONING PROC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97010	HOT OR COLD PACKS THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97012	MECHANICAL TRACTION THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97014	ELECTRIC STIMULATION THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97016	VASOPNEUMATIC DEVICE THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97018	PARAFFIN BATH THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97022	WHIRLPOOL THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97024	DIATHERMY EG MICROWAVE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

97026	INFRARED THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97028	ULTRAVIOLET THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97032	ELECTRICAL STIMULATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97033	ELECTRIC CURRENT THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97034	CONTRAST BATH THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97035	ULTRASOUND THERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97036	HYDROTHERAPY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97039	PHYSICAL THERAPY TREATMENT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97110	THERAPEUTIC EXERCISES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97112	NEUROMUSCULAR REEDUCATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97113	AQUATIC THERAPY/EXERCISES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

97116	GAIT TRAINING THERAPY	AIM - https://aimspecialtyhealth.com/provi	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
		derportal/ or 1-800-859-5299					
97129	THER IVNTJ 1ST 15 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97130	THER IVNTJ EA ADDL 15 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97139	PHYSICAL MEDICINE PROCEDURE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97140	MANUAL THERAPY 1/> REGIONS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97150	GROUP THERAPEUTIC PROCEDURES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97161	PT EVAL LOW COMPLEX 20 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97162	PT EVAL MOD COMPLEX 30 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97163	PT EVAL HIGH COMPLEX 45 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97164	PT RE-EVAL EST PLAN CARE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97165	OT EVAL LOW COMPLEX 30 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

97166	OT EVAL MOD COMPLEX 45 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97167	OT EVAL HIGH COMPLEX 60 MIN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97168	OT RE-EVAL EST PLAN CARE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97530	THERAPEUTIC ACTIVITIES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97533	SENSORY INTEGRATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97535	SELF CARE MNGMENT TRAINING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97537	COMMUNITY/WORK REINTEGRATION	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97542	WHEELCHAIR MNGMENT TRAINING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97545	WORK HARDENING	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97546	WORK HARDENING ADD-ON	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97750	PHYSICAL PERFORMANCE TEST	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

97755	ASSISTIVE TECHNOLOGY	AIM -	Musculoskeletal	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	ASSESS	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
97760	ORTHOTIC MGMT&TRAINJ 1ST ENC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97761	PROSTHETIC TRAINJ 1ST ENC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
97763	ORTHC/PROSTC MGMT SBSQ ENC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
99509	HOME VISIT DAY LIFE ACTIVITY	History and Physical, family history, clinical documentation supporting need, NFLOC.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
0001U	RBC DNA HEA 35 AG 11 BLD GRP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0004M	SCO 53 SNPS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0005U	ONCO PRST8 3 GENE UR ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0006M	Onc hep gene risk classifier	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0007M	Onc gastro 51 gene nomogram	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0011M	ONC PRST8 CA MRNA 12 GEN ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0012M	ONC MRNA 5 GEN RSK	AIM -	Lab	https://aimspecialtyhealth.com/res	IAIM	AIM	Added 1/1/2021
	URTHL CA	https://aimspecialtyhealth.com/providerportal/or 1-800-859-5299		ources/clinical-guidelines/			, , , , , , , , , , , , , , , , , , , ,
0012U	GERMLN DO GENE REARGMT DETCJ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0013M	ONC MRNA 5 GEN RECR URTHL CA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0013U	ONC SLD ORG NEO GENE REARGMT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0014U	HEM HMTLMF NEO GENE REARGMT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0016M	Onc bladder mrna 209 gen alg	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0018U	ONC THYR 10 MICRORNA SEQ ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0019U	ONC RNA TISS PREDICT ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0023U	ONC AML DNA GNTYP INT	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	TANDEM DUP DETCJ/NONDETCJ	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0026U	ONC THYR DNA&MRNA 112 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0029U	RX METAB ADVRS TRGT SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0030U	RX METAB WARF TRGT SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0031U	CYP1A2 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0032U	COMT GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0033U	HTR2A HTR2C GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0034U	TPMT NUDT15 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0036U	XOME TUM & NML SPEC SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0037U	TRGT GEN SEQ DNA 324 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0040U	BCR/ABL1 GENE TLCJ ALYS	AIM -	Lab	https://aimspecialtyhealth.com/res	IAIM	IAIM	Added 1/1/2021
	MAJOR BP QUANTITATIVE	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0042T	B BRGDRFERI ANTB 12 PRTN IGG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0045U	ONC BRST DUX CARC IS 12 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0047U	ONC PRST8 MRNA 17 GENE ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0048U	ONC SLD ORG NEO DNA 468 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0050U	TRGT GEN SEQ DNA 324 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0055U	CARD HRT TRNSPL 96 DNA SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0056U	HEM AML DNA GENE REARGMT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0069U	ONC CLRCT MICRORNA MIR-	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	31-3P	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0071U	CYP2D6 FULL GENE SEQUENCE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0074U	CYP2D6 NONDUPLICATED GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0075U	CYP2D6 5' GENE DUP/MLT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0076U	CYP2D6 3' GENE DUP/MLT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0078U	PAIN MGT OPI USE GNOTYP PNL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0079U	CMPRTV DNA ALYS MLT SNPS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0087U	CRD HRT TRNSPL MRNA 1283 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0088U	TRNSPLJ KDN ALGRFT REJ 1494	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0089U	ONC MLNMA PRAME & LINCO0518	AIM - https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0090U	ONC CUTAN MLNMA MRNA 23 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0094U	GENOME RAPID SEQUENCE ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0095T	RMVL ARTIFIC DISC ADDL CRVCL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0098T	REV ARTIFIC DISC ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0101U	HERED COLON CA DO 15 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0102U	HERED BRST CA RLTD DO 17 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0103U	HERED OVA CA PNL 24 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0111U	ONC COLON CA KRAS&NRAS ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0113U	ONC PRST8 PCA3&TMPRSS2- ERG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0114U	GI BARRETTS ESOPH	AIM -	Lab	https://aimspecialtyhealth.com/res	IAIM	AIM	Added 1/1/2021
	VIM&CCNA1	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0118U	TRNSPLI DON-DRV CLL-FR DNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0120U	ONC B CLL LYMPHM MRNA 58 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0129U	HERED BRST CA RLTD DO PANEL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0130U	HERED COLON CA DO MRNA PNL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0131U	HERED BRST CA RLTD DO PNL 13	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0132U	HERED OVA CA RLTD DO PNL 17	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0133U	HERED PRST8 CA RLTD DO 11	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0134U	HERED PAN CA MRNA PNL 18 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0135U	HERED GYN CA MRNA PNL 12 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0136U	ATM MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0137U	ATM MRNA SEQ ALYS	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
		https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0153U	ONC BREAST MRNA 101 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0156U	COPY NUMBER SEQUENCE ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0157U	APC MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0158U	MLH1 MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0159U	MSH2 MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0160U	MSH6 MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0161U	PMS2 MRNA SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0162U	HERED COLON CA TRGT	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	IAIM	Added 1/1/2021
	MRNA PNL	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0163T	LUMB ARTIF DISKECTOMY ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0164T	REMOVE LUMB ARTIF DISC ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0165T	REVISE LUMB ARTIF DISC ADDL	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0169U	NUDT15&TPMT GENE COM VRNT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0170U	NEURO ASD RNA NEXT GEN SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0171U	TRGT GEN SEQ ALYS PNL DNA 23	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0173U	PSYC GEN ALYS PANEL 14 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0175U	PSYC GEN ALYS PANEL 15 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0179U	ONC NONSM CLL LNG CA ALYS 23	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0203U	AI IBD MRNA XPRSN PRFL 17	https://aimspecialtyhealth.com/provi	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
		derportal/ or 1-800-859-5299					
0204U	ONC THYR MRNA XPRSN ALYS 593	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0205U	OPH AMD ALYS 3 GENE VARIANTS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0208U	NEURO ALZHEIMER CELL AGGREGJ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0209U	CYTOG CONST ALYS INTERROG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0212U	RARE DS GEN DNA ALYS PROBAND	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0213T	NJX PARAVERT W/US CER/THOR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0213U	RARE DS GEN DNA ALYS EA COMP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0214T	NJX PARAVERT W/US CER/THOR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0214U	RARE DS XOM DNA ALYS PROBAND	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0215T	NJX PARAVERT W/US CER/THOR	AIM - https://aimspecialtyhealth.com/provi	Musculoskeletal	https://aimspecialtyhealth.com/resources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
		derportal/ or 1-800-859-5299					
0215U	RARE DS XOM DNA ALYS EA COMP	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0216T	NJX PARAVERT W/US LUMB/SAC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0216U	NEURO INH ATAXIA DNA 12 COM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0217T	NJX PARAVERT W/US LUMB/SAC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0217U	NEURO INH ATAXIA DNA 51 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0218T	NJX PARAVERT W/US LUMB/SAC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0218U	NEURO MUSC DYS DMD SEQ ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0228U	ONC PRST8 MA MOLEC PRFL ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0229U	BCAT1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0230U	AR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

0231U	CACNA1A	AIM - https://aimspecialtyhealth.com/provi	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
		derportal/ or 1-800-859-5299		ources/cimical-guidelines/			
0232U	CSTB	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0233U	FXN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0234U	MECP2	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0235U	PTEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0236U	SMN1	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0237U	Cardiac ion channelopathies	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0238U	ONC LNCH SYN GEN DNA SEQ ALY	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0239U	TRGT GEN SEQ ALYS PNL 311+	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0250U	ONC SLD ORG NEO DNA 505 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0250U	ONC SLD ORG NEO DNA 505 GENE	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022

0252U	FTL ANEUPLOIDY STR ALYS DNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0253U	RPRDTVE MED RNA GEN PRFL 238	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0254U	REPRDTVE MED ALYS 24 CHRMSM	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0258U	AI PSOR MRNA 50-100 GEN ALG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0260U	RARE DS ID OPT GENOME MAPG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0262U	ONC SLD TUM RTPCR 7 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0264U	RARE DS ID OPT GENOME MAPG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0265U	RAR DO WHL GN&MTCDRL DNA ALS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0266U	UNXPL CNST HRTBL DO GN XPRSN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0267U	RARE DO ID OPT GEN MAPG&SEQ	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022

0269U	HEM AUT DM CGEN	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2022
	TRMBCTPNA 14	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
0270U	HEM CGEN COAGJ DO 20 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0271U	HEM CGEN NEUTROPENIA 23 GEN J	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0272U	HEM GENETIC BLD DO 51 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0274T	PERQ LAMOT/LAM CRV/THRC	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0274U	HEM GEN PLTLT DO 43 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0275T	PERQ LAMOT/LAM LUMBAR	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0276U	HEM INH THROMBOCYTOPENIA 23 J	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0277U	HEM GEN PLTLT FUNCJ DO 31	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022
0278U	HEM GEN THROMBOSIS 12 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2022

0285U	ONC RSPS RADJ CLL FR DNA TOX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0286U	CEP72 NUDT15&TPMT GENE ALYS	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0287U	ONC THYR DNA&MRNA 112 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0288U	ONC LUNG MRNA QUAN PCR 11&3	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0289U	NEURO ALZHEIMER MRNA 24 GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0290U	PAIN MGMT MRNA GEN XPRSN 36	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0291U	PSYC MOOD DO MRNA 144 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0292U	PSYC STRS DO MRNA 72 GENES	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0293U	PSYC SUICIDAL IDEA MRNA 54	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0296U	ONC ORL&/OROP CA 20 MLC FEAT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022

0297U	ONC PAN TUM WHL GEN	IAIM -	Genetic Testing	https://aimspecialtyhealth.com/res	IAIM	IAIM	Added 4/1/2022
02370	SEQ DNA	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299	Genetic resting	ources/clinical-guidelines/	All		7 ducu 4, 1, 2022
0298U	ONC PAN TUM WHL TRNS SEQ RNA	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0299U	ONC PAN TUM WHL GEN OPT MAPG	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0300U	ONC PAN TUM WHL GEN SEQ&OPT	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Genetic Testing	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0394T	HDR ELCTRNC SKN SURF BRCHYTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
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	Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage) (Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021

0540T	Chimeric antigen receptor T- cell (CAR-T) therapy; CAR-T cell administration, autologous	Letter of medical necessity, including condition being treated.	Medical Drug, Associated Services	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
0633T	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0634T	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0635T	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0636T	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0637T	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0638T	Short description not available at time of review	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0648T	QUAN MR ALYS TISS W/O MRI	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
0649T	QUAN MR ALYS TISS W/MRI	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Advanced Imaging	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2022
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Transportation	New Mexico Administrative Code BCBSNM Medical Policy MCG	ADM1001.005	Ambulance and Medical Transport Services	Added prior to 9/1/2019

A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport.	Transportation	New Mexico Administrative Code BCBSNM Medical Policy MCG	ADM1001.005	Ambulance and Medical Transport Services	Added prior to 9/1/2019
A4604	Tubing with integrated heating element for use with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7030	Full face mask used with positive airway pressure device, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7031	Face mask interface, replacement for full face mask, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7032	Cushion for use on nasal mask interface, replacement only, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

A7035	Headgear used with positive	AIM -	Sleep	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	airway pressure device	https://aimspecialtyhealth.com/providerportal/ or 1-800-859-5299		ources/clinical-guidelines/			
A7036	Chinstrap used with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7037	Tubing used with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7038	Filter, disposable, used with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7039	Filter, non disposable, used with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7044	Oral interface used with positive airway pressure device, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9508	lodine i-131 iobenguane sulfate, diagnostic, per 0.5 millicurie	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9513	RT: Lutetium Lu 177, dotatate, therapeutic, 1 mCi RAD: Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m mebrofenin, per mCi	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

A9528	lodine i-131 sodium iodide capsule(s), diagnostic, per millicurie	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9531	lodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9590	lodine i-131, iobenguane, 1 millicurie	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
A9606	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4104	Additive for enteral formula (e.g., fiber)	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019

B4189		Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4193		Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
B4197		Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019
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	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.011	Nutritional Support	Added prior to 9/1/2019

C1767	Generator, neurostimulator (implantable), non-rechargeable	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR706.009 SUR712.009 SUR712.009 SUR701.039 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019
C8900	Magnetic resonance angiography with contrast, abdomen	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8901	Magnetic resonance angiography without contrast, abdomen	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8903	Magnetic resonance imaging with contrast, breast; unilateral	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8906	Magnetic resonance imaging with contrast, breast; bilateral	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8912	Magnetic resonance angiography with contrast, lower extremity	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8913	Magnetic resonance angiography without contrast, lower extremity	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8918	Magnetic resonance angiography with contrast, pelvis	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8919	Magnetic resonance angiography without contrast, pelvis	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

C8931	Magnetic resonance angiography with contrast, spinal canal and contents	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8934	Magnetic resonance angiography with contrast, upper extremity	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8935	Magnetic resonance angiography without contrast, upper extremity	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
C9014	Brineura (cerliponase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.092	Cerliponase alfa	Added prior to 9/1/2019
C9036	Injection, patisiran, 0.1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.102	Patisiran (Onpattro)	Added prior to 9/1/2019
C9076	Lisocabtagene maraleucel, Breyanzi	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
C9081	Idecabtagene vicleucel, Abecma	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021

C9257	Avastin (bevacizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	ОТН903.027 ОТН903.020 ОТН903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Added prior to 9/1/2019
C9359	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os osteoconductive scaffold putty), per 0.5 cc	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
C9399	Oncology use - Immune Globulin (Human)-hipp	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

C9399	Non-Oncology use - Immune Globulin (Human)-hipp	History and physical or clinical notes, including anticipated length of use.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.136 RX501.087 RX501.099 RX504.003 RX501.130 RX501.129	Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Veklury Viltolarsen	Added prior to 9/1/2019
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0184	Dry pressure mattress	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0250	Hospital bed, fixed height, with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0251	Hospital bed, fixed height, with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019

E0255		History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0256	1 ' '	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0261	'	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	History and Physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0271	Mattress, innerspring	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0277	POWERED PRESSURE- REDUCING AIR MATTRESS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019

E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	History and physical or clinical notes, including anticipated length of use	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.001	Hospital Beds and Related Equipment	Added prior to 9/1/2019
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0893	Home Ventilator (Invasive or Noninvasive Interface)	Added prior to 9/1/2019
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0893	Home Ventilator (Invasive or Noninvasive Interface)	Added prior to 9/1/2019
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)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0471	Respiratory assist device, bilevel 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)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0561	Humidifier, non-heated, used with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0562	Humidifier, heated, used with positive airway pressure device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0601	Continuous positive airway pressure (cpap) device	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0635	Patient lift, electric with seat or sling	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019

E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.034	Lifts, Elevators, and Standing Frames/Systems	Added prior to 9/1/2019
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	condition being treated.	Durable Medical Equipment	BCBSNM Medical Policy MCG	MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019

	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	History and physical including comorbidities, previously tried clinical interventions and operative report if any available.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MED202.060 MED202.073	Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis	Added prior to 9/1/2019
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR705.044	Electrical Bone Growth Stimulation of the Appendicular Skeleton	Added prior to 9/1/2019

E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0749	Osteogenesis stimulator, electrical, surgically implanted	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/resources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.030	Low Intensity Pulsed Ultrasound Fracture Healing Device	Added prior to 9/1/2019
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status.		New Mexico Administrative Code BCBSNM Medical Policy MCG	MED201.033	Functional Neuromuscular Electrical Stimulation	Added prior to 9/1/2019
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Letter of medical Necessity supporting need for the wheelchair accessory.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1220	constructed, (indicate brand	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E1239	Power wheelchair, pediatric size, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E1310	in type)	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	Not a covered benefit	Not a covered benefit	Added prior to 9/1/2019
E1399	Durable medical equipment, miscellaneous	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 325.4 DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2300	Wheelchair accessory, power seat elevation system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2301	Wheelchair accessory, power standing system, any type	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2599	Accessory for speech generating device, not otherwise classified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.009	Speech Generating Devices (SGD)	Added prior to 9/1/2019
E2609	Custom fabricated wheelchair seat cushion, any size	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	Recent history and physical, plan of care, and documentation of medical necessity.	Lab	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0504	Assisted Reproductive Technology	Added prior to 9/1/2019
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH- LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0160	1 ' '	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019

G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0219	Pet imaging whole body; melanoma for non-covered indications	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0235	Pet imaging, any site, not otherwise specified	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0252	Pet imaging, full and partial- ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous statsis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, p	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299 AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/ https://aimspecialtyhealth.com/res ources/clinical-guidelines/		AIM	Added 1/1/2021 Added 1/1/2021
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	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	History and physical, chart notes from ordering physician, treatment plan with Letter of medical necessity, including condition being treated.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.310.10	Health Home Services	Added prior to 9/1/2019

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 Thera	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/		AIM	Added 1/1/2021
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	https://aimspecialtyhealth.com/providerportal/or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
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 5 sessions per course of treatment	https://aimspecialtyhealth.com/providerportal/or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

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	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Sleep	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021 Removed effective 4/1/22
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6001	Ultrasonic guidance for placement of radiation therapy fields	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
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	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

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	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/		AIM	Added 1/1/2021
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G9006	Coordinated care fee, home monitoring	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
G9012	Personal Care Consumer- Directed Advertisement Reimbursement Fee	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
G9840	Ras (kras and nras) gene mutation testing performed before initiation of anti-egfr moab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
G9841	Ras (kras and nras) gene mutation testing not performed before initiation of anti-egfr moab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021

H0019	Transitional Living Services	For Service Request, please contact customer service representative	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
J0129	Orencia (abatacept)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.113 RX501.096	Abatacept Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0180	Fabrazyme (agalsidase beta)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0202	Lemtrada (alemtuzumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.077	Alemtuzumab	Added prior to 9/1/2019
J0221	Lumizyme (alglucosidase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0490	Benlysta (belimumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.116 RX501.096	Belimumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0565	Zinplava (bezlotoxumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.093	Bezlotoxumab	Added prior to 9/1/2019
J0584	Injection, burosumab-twza, 1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.058 RX501.096	Burosumab-twza Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J0585	Botox (onabotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0586	Dysport (abobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0587	Myobloc (rimabotulinumtoxinB)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0588	Xeomin (incobotulinumtoxinA)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.019 MED201.014	Botulinum Toxin Treatment of Hyperhidrosis	Added prior to 9/1/2019
J0598	Cinryze (C1 esterase inhibitor)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0638	llaris (canakinumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.119 RX501.096	Canakinumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J0641	Levoleucovorin Calcium	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J0642	Levoleucovorin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J0717	Cimzia (certolizumab pegol)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.111 RX501.096	Certolizumab Pegol Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J0775	Xiaflex (collagenase, clostridium histolyticum)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.073	Clostridial Collagenase for Fibroproliferative Disorders	Added prior to 9/1/2019
10800	H.P. Acthar (corticotropin)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.087	FDA-Approved Drugs and Biologicals	Added prior to 9/1/2019
J0881	Oncology use - Darbepoetin alfa - Non-ESRD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J0881	Non-Oncology use - Darbepoetin alfa - Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0882	Oncology use - Darbepoetin alfa - ESRD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J0882	Non-Oncology use - Darbepoetin alfa - ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	10/11/2021
J0885	Oncology use - Epoetin Alfa - Non-ESRD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J0885	Non-Oncology use - Epoetin Alfa - Non-ESRD	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0887	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0888	Mircera (pegylated-epoetin beta)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	Added prior to 9/1/2019
J0896	Luspatercept-aamt	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J0897	Denosumab	AIM - https://aimspecialtyhealth.com/provi	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
		derportal/ or 1-800-859-5299		ources, chinear galactimes,			
J1071	testosterone cypionate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J1290	Kalbitor (ecallantide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.013 RX501.096	Management of Hereditary Angioedema (HAE) with C1 Esterase Inhibitor, Human and Ecallantide Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1300	Soliris (eculizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.066 RX501.096	Eculizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1322	Vimizim (elosulfase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1325	Flolan, Veletri (epoprostenol)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Added prior to 9/1/2019
J1428	Exondys 51 (eteplirsen)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.084	Eteplirsen	Added prior to 9/1/2019

J1442	Filgrastim	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1447		AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1458	Naglazyme (galsulfase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1459	Oncology use - Immune Globulin IV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1459	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1554	Immune Globulin (Human)- slra	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1555	Globulin (Human)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J1555	Non-Oncology use - Immune Globulin (Human) Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1556	Oncology use - Immune Globulin IV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1556	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1557	Oncology use - Immune Globulin IV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1557	Non-Oncology use Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1558	Oncology use - Immune Globulin (Human)-klhw	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J1558	Non-Oncology use - Immune Globulin (Human)-klhw	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1559	Oncology use - Immune Globulin (Human) Subcutaneous	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1559	Non-Oncology use - Immune Globulin (Human) Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1561	Oncology use - Immune Globulin (Human) IV or Subcutaneous	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1561	Non-Oncology use - Immune Globulin (Human) IV or Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1562	Vivaglobin (immune globulin subcutaneous)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM		Added prior to 9/1/2019

J1566	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1568	Oncology use - Immune Globulin IV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1568	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1569	Oncology use - Immune Globulin (Human) IV or Subcutaneous	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1569	Non-Oncology use - Immune Globulin (Human) IV or Subcutaneous	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1572	Oncology use - Immune Globulin IV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J1572	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug		RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1575	Oncology use - Immune Globulin (Human)Hyaluronidase (Human Recombinant)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1575	Non-Oncology use - Immune Globulin (Human)Hyaluronidase (Human Recombinant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003 RX501.096	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Specialty Medication Administration Site of Care	10/11/2021
J1599	Oncology use - Immune Globulin IV	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J1599	Non-Oncology use - Immune Globulin IV	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.003	Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG])	10/11/2021
J1602	Simponi Aria (golimumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.112 RX501.096	Golimumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1627	Sustol (granisetron extended release)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.090	Sustol (Granisetron) Extended Release Injection	Added prior to 9/1/2019
J1675	histrelin acetate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019

J1726	Makena (hydroxyprogesterone caproate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Added prior to 9/1/2019
J1729	Makena (hydroxyprogesterone caproate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies	Added prior to 9/1/2019
J1743	Elaprase (idursulfase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1745	Remicade (infliximab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	THE801.028 RX501.051 RX501.096	Acne Management Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1746	Injection, ibalizumab-uiyk, 10 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.099 RX501.096	Ibalizumab-uiyk Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1786	Aldurazyme (laronidase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J1930	Somatuline Depot (lanreotide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.087	Oncology Medications FDA-Approved Drugs and Biologicals	Added prior to 9/1/2019
J1931	Aldurazyme (laronidase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J1950	Lupron Depot, Lupron Depot- Ped (leuprolide acetate, for depot suspension, per 3.75 mg)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J2182	Nucala (mepolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.080 RX501.096	Mepolizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2278	Prialt (ziconotide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.060	Ziconotide	Added prior to 9/1/2019
J2320	nandrolone decanoate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J2323	Tysabri (natalizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.059 RX501.096	Natalizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2326	Spinraza (nusinersen)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.086	Nusinersen	Added prior to 9/1/2019

J2350	Ocrevus (ocrelizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.085 RX501.096	Ocrelizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2357	Xolair (omalizumab),	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.058 RX501.096	Omalizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2502	Signifor LAR (pasireotide)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.079	Pasireotide	Added prior to 9/1/2019
J2505	Pegfilgrastim	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021 Removed 2/28/2022
J2506	Pegfilgrastim	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5300	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 3/1/2022
J2507	Krystexxa (pegloticase)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.120 RX501.096	Pegloticase Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2562	Mozobil (plerixafor)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
J2786	Cinqair (reslizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.083 RX501.096	Reslizumab Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2820	Sargramostim	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J2840	Humatrope, Saizen (somatropin)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J2860	Siltuximab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J2941	Humatrope, Saizen (somatropin)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
J3060	Elelyso (taliglucerase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J3121	testosterone enanthate	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019
J3145	Aveed (testosterone undecanoate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Testosterone Replacement Therapies	Added prior to 9/1/2019

J3245	Injection, tildrakizumab, 1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.123	Specialty Medication Administration Site of Care Tildrakizumab-asmn	Added prior to 9/1/2019
J3262	Actemra (toclizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.115	Specialty Medication Administration Site of Care Tocilizumab	Added prior to 9/1/2019
J3285	Remodulin (treprostinil)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.056	Advanced Therapies for Pharmacologic Treatment of Pulmonary Hypertension	Added prior to 9/1/2019
J3315	Trelstar (triptorelin pamoate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.041	Oncology Medications Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J3358	Stelara (ustekinumab for intravenous use)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.114	Specialty Medication Administration Site of Care Ustekinumab	Added prior to 9/1/2019
J3380	Entyvio (vedolizumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.096 RX501.117	Specialty Medication Administration Site of Care Vedolizumab	Added prior to 9/1/2019
J3385	Vpriv (velaglucerase alfa)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019

J3397	Injection, vestronidase alfavjbk, 1 mg	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.067 RX501.096	Enzyme-Replacement Therapy for Lysosomal Storage Disorders Specialty Medication Administration Site of Care	Added prior to 9/1/2019
J3399	Zolgensma	Letter of medical necessity, including condition being treated.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.104	Onasemnogene Abeparvovec-xioi	Added prior to 9/1/2019
J3490	Oncology use - Immune Globulin (Human)-hipp	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J3490	Non-Oncology use - Immune Globulin (Human)-hipp	care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	MED206.001 RX501.063 SUR716.001 RX501.067 RX501.105 RX501.136 RX501.087 RX501.040 RX501.099 RX504.003 OTH903.027 OTH903.020 RX501.080 SUR706.001 RX501.086 RX501.085 RX501.104 RX502.030 MED206.006 MED201.014 RX501.130 RX501.129 RX501.049	Allergy Management Compounded Drug Products Cosmetic and Reconstructive Procedures Enzyme-Replacement Therapy for Lysosomal Storage Disorders Esketamine Nasal Spray Evinacumab-dgnb FDA-Approved Drugs and Biologicals Human Growth Hormone (GH) Ibalizumab-ui	10/11/2021
J3590	Oncology use - Immune Globulin (Human)-hipp	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J3590	Non-Oncology use Immune Globulin (Human)-hipp	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.073 RX501.063 RX501.067 RX501.136 RX501.087 RX501.099 RX504.003 RX501.051 RX501.080 RX501.085 RX501.104 RX501.129	Clostridial Collagenase for Fibroproliferative Disorders Compounded Drug Products Enzyme-Replacement Therapy for Lysosomal Storage Disorders Evinacumab-dgnb FDA-Approved Drugs and Biologicals Ibalizumab-uiyk Immunoglobulin (Ig) Therapy (Including Intraven	10/11/2021
J7178	Fibryga, RiaSTAP (human fibrinogen concentrate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.072	Human Fibrinogen Concentrate (RiaSTAP and Fibryga)	Added prior to 9/1/2019
J7320	Genvisc 850 (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7321	Hyalgan (sodium hyaluronate), Supartz, Supartz FX (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7322	Hymovis (high molecular weight viscoelastic hyaluronan)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7323	Euflexxa (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7324	Orthovisc (high molecular weight hyaluronan)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019

J7325	Synvisc (sodium hyaluronate), Synvisc-ONE (hylan G-F 20)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7326	Gel-One (cross-linked hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7327	Monovisc (lightly cross- linked hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7328	Gel-Syn 3 (sodium hyaluronate)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.049	Viscosupplementation for Osteoarthritis	Added prior to 9/1/2019
J7330	Autologous cultured chondrocytes, implant	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J7340	Duopa (carbidopa/levodopa enteral suspension)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX504.015	Levodopa-Carbidopa Enteral Suspension (e.g. Duopa) for The Treatment of Parkinson Disease.	Added prior to 9/1/2019
J9022	Atezolizumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9023	Avelumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9032	Beleodaq (belinostat)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
J9035	Oncology use - Bevacizumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J9035	Non- Oncology use - Bevacizumab	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	OTH903.027 OTH903.020 OTH903.015	Intravitreal Angiogenesis Inhibitors for Retinal Vascular Disorders Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions Photodynamic Therapy (PDT) for Choroidal Neovascularization (CNV)	Added prior to 9/1/2019
J9037	Belantamab mafodotin-blmf	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9039	Blinatumomab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9042	Brentuximab vedotin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9043	Cabazitaxel	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9047	Carfilzomib	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9055	Cetuximab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9057	Copanlisib	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J9119	Cemiplimab-rwlc	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9144	Daratumumab- hyaluronidase-fijh	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9145	Daratumumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9155	Firmagon (degarelix)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.041	Oncology Medications Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9173	Durvalumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9176	Elotuzumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9177	Enfortumab vedotin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9179	Eribulin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9202	Zoladex (goserelin acetate implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9203	Gemtuzumab ozogamicin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J9204	Mogamulizumab- kpkc	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9205	Irinotecan liposome	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9207	Ixabepilone	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9217	Eligard, Lupron Depot, Lupron Depot-Ped (leuprolide acetate, for depot suspension, 7.5 mg)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9218	leuprolide acetate, non depot	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9219	Viadur (leuprolide acetate implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9223	Lurbinectedin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9225	Vantas (histrelin implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061 RX501.041	Oncology Medications Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9226	Supprelin LA (histrelin implant)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.041	Gonadotropin- Releasing Hormone (GnRH) Agonists and Antagonists	Added prior to 9/1/2019
J9227	Isatuximab-irfc	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J9228	lpilimumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9229	Inotuzumab ozogamicin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9264	Paclitaxel protein-bound particles	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9269	Tagraxofusp-erzs	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9271	Pembrolizumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9281	Mitomycin Gel	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9285	Opdivo (nivolumab), Lartruvo (olaratumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
J9295	Portrazza (necitumumab)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
J9299	Nivolumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9301	Obinutuzumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9302	Ofatumumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J9303	Panitumumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9306	Pertuzumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9308	Ramucirumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9309	Polatuzumab vedotin-piiq	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9311	Oncology use - Rituximab Hyaluronidase	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9311	Non-Oncology use - Rituximab Hyaluronidase	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	10/11/2021
J9312	Oncology use - Rituximab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9312	Non-Oncology use - Rituximab	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non- Oncologic Indications	10/11/2021
J9313	Moxetumomab pasudotox-tdfk	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9316	Pertuzumab-Trastuzumab- Hyaluronidase-zzxf	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9317	Sacituzumab-govitecan	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

J9325	Imlygic (talimogene laherparepvec)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
J9348	Naxitamab-gqgk	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9349	Tafasitamab-cxix	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9352	Trabectedin	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9353	Margetuximab-cmkb	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9354	Ado-Trastuzumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9355	Trastuzumab	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9356	Trastuzumab-hyaluronidase- oysk	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9358	Fam-trastuzumab deruxtecan-nxki	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
J9999	Oncology use - Immune Globulin (Human)-hipp	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

19999	Non-Oncology use - Immune Globulin (Human)-hipp	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	MED203.002 RX501.063 RX501.087 RX504.003 RX501.085 RX501.057	Antineoplaston Cancer Therapy Compounded Drug Products FDA-Approved Drugs and Biologicals Immunoglobulin (Ig) Therapy (Including Intravenous [IVIG] and Subcutaneous Ig [SCIG]) Ocrelizumab Sodium Phenylbutyrate	10/11/2021
K0002	Standard hemi (low seat) wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0004	High strength, lightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0005	Ultralightweight wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0006	Heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0007	Extra heavy-duty wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0008	Custom manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0009	Other manual wheelchair/base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0010	Standard-weight frame motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0012	Lightweight portable motorized/power wheelchair	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0013	Custom motorized/power wheelchair base	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
КО108	Wheelchair component or accessory, not otherwise specified	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0606	Aed garment w elec analysis	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	MCG A-0566	Cardioverter- Defibrillator, Wearable	Added prior to 9/1/2019

K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0812	Power operated vehicle, not otherwise classified	Recent History and Physical, plan of care, and documentation of medical necessity	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0815		Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

К0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
к0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

к0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

К0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
к0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

К0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
ко850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

К0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
к0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
КО856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

к0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
к0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
КО890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	History and physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs), duration of medical condition, Pas	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019

K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
K0898	Power wheelchair, not otherwise classified	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
К0899	Power mobility device, not coded by DME PDAC or does not meet criteria	History and physical or clinical notes, including anticipated length of use.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME101.010	Wheelchairs and Accessories	Added prior to 9/1/2019
L1499	Spinal orthotic, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME103.001	Orthotics	Added prior to 9/1/2019
L2999	Lower extremity orthoses, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME103.001 DME103.008	Orthotics Powered Exoskeleton for Ambulation in Patients With Lower- Limb Disabilities	Added prior to 9/1/2019
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME103.001	Orthotics	Added prior to 9/1/2019
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5530	Preparatory, below knee 'ptb' type socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5535	Preparatory, below knee PTB type socket, nonalignable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5540	Preparatory, below knee 'ptb' type socket, non- alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012		Added prior to 9/1/2019
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012		Added prior to 9/1/2019
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5595	Preparatory, hip disarticulation/hemipelvecto my, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5647	Addition to lower extremity, below knee suction socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012		Added prior to 9/1/2019
L5649	Addition to lower extremity, ischial containment/narrow m-I socket	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012		Added prior to 9/1/2019
L5700	Replacement, socket, below knee, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5707	Custom shaped protective cover, hip disarticulation	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5780	Addition, exoskeletal knee- shin system, single axis, pneumatic/hydra pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5814	Addition, endoskeletal knee- shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5828	Addition, endoskeletal knee- shin system, single axis, fluid swing and stance phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5830	Addition, endoskeletal knee- shin system, single axis, pneumatic/swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5845	Addition, endoskeletal, knee- shin system, stance flexion feature, adjustable	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5880	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5910	Addition, endoskeletal system, below knee, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5930	Addition, endoskeletal system, high activity knee control frame	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5950	Addition, endoskeletal system, above knee, ultra- light material (titanium, carbon fiber or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5980	All lower extremity prostheses, flex foot system	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5981	All lower extremity prostheses, flex-walk system or equal	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019
L5999	Lower extremity prosthesis, not otherwise specified	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.012	Lower-Limb Prosthetics, Including Microprocessor- Controlled Prosthetics	Added prior to 9/1/2019

L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6694	prosthesis, below	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6883		Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	1 ' '	Added prior to 9/1/2019
	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7007		History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7009	Electric hook, switch or myoelectric controlled, adult	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

L7045	Electric hook, switch or myoelectric controlled, pediatric	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L7259	Electronic wrist rotator, any type	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
1 1	Nasal prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
	Midfacial prosthesis, provided by a nonphysician	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001		Added prior to 9/1/2019
	Partial facial prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019

	Nasal septal prosthesis, provided by a nonphysician	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Pre-operative Evaluation, operative report, previous use of hearing aids, level of hearing Impairment.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR710.018 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stim ulation Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8682	Implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019

L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033	Occipital Nerve Stimulation	Added prior to 9/1/2019
L8685		Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stim ulation Spinal Cord Stimulation (SCS) and Dorsa	Added prior to 9/1/2019

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L8686	•	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	SUR712.025	Deep Brain Stimulation	Added prior to
		care, and documentation of medical	Equipment	BCBSNM Medical Policy	SUR709.031	(DBS)	9/1/2019
	l	necessity.		MCG	SUR712.033	Gastric Electrical	
	extension				MED205.036	Stimulation (GES)	
1					SUR712.039	Occipital Nerve	
1					SUR710.018	Stimulation	
1					SUR712.009	Peripheral Nerve	
1					SUR712.021	Stimulation (PNS) And	
1						Peripheral Nerve Field	
1						Stimulation (PNFS)	
1						Responsive	
1						Neurostimulation (RNS)	
1						for the Treatment of	
1						Refractory Focal	
						Epilepsy	
L8687	Implantable neurostimulator	Recent history and physical, plan of	Durable Medical	New Mexico Administrative Code	SUR712.025	Deep Brain Stimulation	Added prior to
1	pulse generator, dual array,	care, and documentation of medical	Equipment	BCBSNM Medical Policy	SUR709.031	(DBS)	9/1/2019
	paise Benerator, addrainay,	care, and documentation of medical			3011703.031	(נפטט)	3/1/2013
	rechargeable, includes	necessity.		MCG	SUR712.033	Gastric Electrical	3/1/2019
	l	· ·		MCG	I	1' '	9/1/2019
	rechargeable, includes	· ·		MCG	SUR712.033	Gastric Electrical	37 17 2019
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036	Gastric Electrical Stimulation (GES)	3/1/2019
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018	Gastric Electrical Stimulation (GES) Occipital Nerve	3/1/2019
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation	3,1,2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve	3,1,2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And	3,1,2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field	3,1,2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS)	3,1,2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve	3,1,2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stim	3/1/2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stim ulation Spinal Cord Stimulation	3/1/2013
	rechargeable, includes	· ·		MCG	SUR712.033 MED205.036 SUR710.018 SUR712.009	Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Sacral Nerve Neuromodulation/Stim ulation	3/1/2013

L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.025 SUR709.031 SUR712.033 MED205.036 SUR712.039 SUR710.018 SUR712.009 SUR712.021	Deep Brain Stimulation (DBS) Gastric Electrical Stimulation (GES) Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Responsive Neurostimulation (RNS) for the Treatment of Refractory Focal Epilepsy	Added prior to 9/1/2019
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR712.033 MED205.036 SUR712.021	Occipital Nerve Stimulation Peripheral Nerve Stimulation (PNS) And Peripheral Nerve Field Stimulation (PNFS) Vagus Nerve Stimulation (VNS)	Added prior to 9/1/2019
L8691	Auditory osseointegrated device, external sound processor, replacement	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.003	Implantable Bone- Conduction and Bone- Anchored Hearing Aids	Added prior to 9/1/2019
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	DME104.001	Upper-Limb Prosthesis, Including Myoelectric and Orthotic Components, and Other Prosthetics Except for Lower-Limb Prosthesis	Added prior to 9/1/2019
M0076	Prolotherapy	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/resources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

Q2040	Kymriah (tisagenlecleucel)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
Q2041	Yescarta (axicabtagene ciloleucel)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	Added prior to 9/1/2019
Q2042	Tisagenlecleucel, Kymriah	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
Q2043	Sipuleucel-T	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q2049	Doxorubicin liposomal	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q2050	Doxorubicin liposomal	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q2053	Brexucabtagene autoleucel, Tecartus	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
Q2054	Lisocabtagene maraleucel	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX502.061	Oncology Medications	11/20/2021
Q3001	Radioelements for brachytherapy, any type, each	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q4081	Epoetin Alfa - ESRD	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q4116	Alloderm, per square centimeter	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added prior to 9/1/2019
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Q4131	1 ' ' '	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.012	Bioengineered Skin and Soft Tissue Substitutes	Added prior to 9/1/2019
Q4132	Grafix core, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4133	Grafix prime, per square centimeter	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q4160	Nushield, per square centimeter	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR704.011	Amniotic Membrane and Amniotic Fluid	Added prior to 9/1/2019
Q5101	Filgrastim-sndz	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5103	Inflectra (infliximab-dyyb)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
Q5104	Renflexis (infliximab-abda)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.051 RX501.096	Infliximab and Associated Biosimilars Specialty Medication Administration Site of Care	Added prior to 9/1/2019
Q5105	Oncology use - Epoetin alfa- epbx	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5105	Non-Oncology use Epoetin alfa-epbx	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	10/11/2021
Q5106	Oncology use- Epoetin alfa- epbx	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

Q5106	Non-Oncology use - Epoetin alfa-epbx	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drugs	New Mexico Administrative Code BCBSNM Medical Policy	RX501.069	Erythropoiesis- Stimulating Agents (ESAs)	10/11/2021
Q5107	Bevacizumab-awwb	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5108	Pegfilgrastim-jmdb	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5110	Filgrastim-aafi	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5111	Pegfilgrastim-cbqv	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5112	Trastuzumab-dttb	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5113	Trastuzumab-pkrb	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5114	Trastuzumab-dkst	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5115	Oncology use - Rituximab- abbs	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5115	Non-Oncology use - Rituximab-abbs	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non- Oncologic Indications	10/11/2021
Q5116	Trastuzumab-qyyp	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021

Q5117	Trastuzumab-anns	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5118	Bevacizumab-bvzr	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5119	Oncology use - Rituximab- pvvr	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5119	Non-Oncology use - Rituximab-pvvr	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX502.030	Rituximab and Biosimilars for Non- Oncologic Indications	10/11/2021
Q5120	Pegfilgrastim-bmez	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5122	Pegfilgrastim-apgf	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
Q5123	Rituximab-arrx	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Medical Oncology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	10/11/2021
S0157	Regranex (becaplermin gel)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	RX501.034	Recombinant and Autologous Platelet- Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	Added prior to 9/1/2019

S0189	Testopel (testosterone pellets)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy	SUR717.001 RX501.007 RX501.076	Gender Assignment Surgery and Gender Reassignment Surgery with Related Services Hormone Replacement Therapies (HRT) Using Implanted Pellets for Women and Delayed Puberty Testosterone Replacement Therapies	Added prior to 9/1/2019
S0265	Genetic counseling, under physician supervision, each 15 minutes		Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band includes placement of subcutaneous port	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
S2085	Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (less than 100 cm) roux-en-y gastroenterostomy	Recent history and physical, plan of care, and documentation of medical necessity.	Outpatient Medical and surgical services	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR716.003	Bariatric Surgery	Added prior to 9/1/2019
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Musculoskeletal	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

S3840	Dna analysis for germline	AIM -	Lab	https://aimspecialtyhealth.com/res	AIM	AIM	Added 1/1/2021
	mutations of the ret proto- oncogene for susceptibility to multiple endocrine neoplasia type 2	https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299		ources/clinical-guidelines/			
S3841	Genetic testing for retinoblastoma	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3842	Genetic testing for von hippel-lindau disease	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3845	Genetic testing for alphathalassemia	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3846	Genetic testing for hemoglobin e beta- thalassemia	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3849	Genetic testing for niemann- pick disease	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3850	Genetic testing for sickle cell anemia	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3853	Genetic testing for myotonic muscular dystrophy	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021

S3854	Gene expression profiling panel for use in the management of breast cancer treatment	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Lab	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S5022	Growth hormone therapy (e.g., protropin, humatrope)	Recent history and physical, plan of care, and documentation of medical necessity.	Medical Drug	New Mexico Administrative Code BCBSNM Medical Policy MCG	HCSC RX501.040	Human Growth Hormone (GH)	Added prior to 9/1/2019
S5100	Day care services, adult; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5110	Home care training, family; per 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019

S5145	Treatment Foster Care (Cetennial Care) Group Home (Montanna HMK) Foster care, Therapeutic	For Service Request, please contact customer service representative	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S5165	Home modifications; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiation Therapy	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 4/1/2021
S8037	Magnetic resonance cholangiopancreatography (mrcp)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	Added 1/1/2021
S8042	Magnetic resonance imaging (mri), low-field	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	1/2/2021
S8085	Fluorine-18 fluorodeoxyglucose (F-18 fdg) imaging using dual-head coincidence detection system (non-dedicated PET scan)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	1/3/2021
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	AIM - https://aimspecialtyhealth.com/provi derportal/ or 1-800-859-5299	Radiology	https://aimspecialtyhealth.com/res ources/clinical-guidelines/	AIM	AIM	1/4/2021
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	Recent history and physical, plan of care, and documentation of medical necessity.	Musculoskeletal	New Mexico Administrative Code BCBSNM Medical Policy MCG	THE803.025	Pulmonary Rehabilitation	Added prior to 9/1/2019
T1002	Rn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019

T1003	Lpn/lvn services, up to 15 minutes	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurs	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T2031	Assisted living; waiver, per diem	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T2038	Community transition, waiver; per service	Recent History and Physical, plan of care, NFLOC, and documentation of medical necessity.	LTSS	NFLOC Criteria and Instructions NMAC Managed Care Policy Manual	N/A	N/A	Added prior to 9/1/2019
T5999	Supply, not otherwise specified	Recent history and physical, plan of care, and documentation of medical necessity.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	Multiple Options	Multiple Options	Added prior to 9/1/2019
V5010	Assessment for hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5011	Fitting/orientation/checking of hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5014	Repair/modification of a hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5060	Hearing aid, monaural, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5090	Dispensing fee, unspecified hearing aid	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	History and physical, operative report.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5130	Binaural, in the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5140	Binaural, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5180	Hearing aid, cros, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5200	Dispensing fee, cros	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5220	Hearing aid, bicros, behind the ear	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5240	Dispensing fee, bicros	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5253	Hearing aid, digitally programmable, binaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5254	Hearing aid, digital, monaural, cic	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5255	Hearing aid, digital, monaural, itc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5256	Hearing aid, digital, monaural, ite	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5257	Hearing aid, digital, monaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5258	Hearing aid, digital, binaural, cic	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5259	Hearing aid, digital, binaural, itc	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5260	Hearing aid, digital, binaural, ite	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5261	Hearing aid, digital, binaural, bte	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
V5273	Assistive listening device, for use with cochlear implant	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	SUR714.004	Cochlear Implant	Added prior to 9/1/2019
V5298	Hearing aid, not otherwise classified	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019

V5299	Hearing service, miscellaneous	Letter of medical necessity, including condition being treated.	Durable Medical Equipment	New Mexico Administrative Code BCBSNM Medical Policy MCG	NMAC 8.324.5	Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics.	Added prior to 9/1/2019
			Behavioral	Health			
T1005	Respite care services, up to 15 minutes	Requires PA beyond annual limit of 30 days or 720 hours, evidence of criteria needed to support BH LOC guidelines for this service	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019
H0017	Accredited Residential Treatment -ASAM 3.7	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0018	Accredited Residential Treatment -ASAM 3.5	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0019	Accredited Residential Treatment -ASAM 3.3/ASAM 3.2/ASAM 3.1	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0010	Accredited Residential Treatment - Detoxification	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
H0011	Accredited Residential Treatment - Detoxification	ASAM Dimensions 1-6 Criteria	Behavioral Health	American Society of Addiction Medicine (ASAM)			Added prior to 9/1/2019
S0201	Partial Hospitalization	Requires PA beyond 45 days of treatment, evidence of criteria to needed support BH LOC guidelines for this service	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019
97153	ABA Adaptive Behavioral Treatment by Protocol	For New Mexico Centennial Service Request, please complete and submit the Applied Behavioral Analysis Stage 3 Form to evidence criteria to support BH LOC guidelines for this service. https://www.bcbsnm.com/pdf/forms /clinicalreviewformaba.pdf	Behavioral Health	Centennial Care Behavioral Health Level of Care Guidelines			Added prior to 9/1/2019

0373T	ADAPT BHV TX EA 15 MIN	For New Mexico Centennial Service	Behavioral Health	Centennial Care Behavioral Health		Added prior to
		Request, please complete and submit		Level of Care Guidelines		9/1/2019
		the Applied Behavioral Analysis Stage				
		3 Form to evidence criteria to support				
		BH LOC guidelines for this service.				
		https://www.bcbsnm.com/pdf/forms				
		/clinicalreviewformaba.pdf				