



**2025 Commercial Outpatient Medical Surgical ASO
Medical Surgical Procedure Code List
Effective 1/1/2025
(Updated July 2025)**

| <p>This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2025, unless otherwise indicated through Blue Cross and Blue Shield of New Mexico managed for one or more of our networks:</p> <p>- PPOSM</p> <p>-Blue Preferred EPO</p> <p>-Blue Preferred Plus</p> <p>-HMO</p> | <p>Utilization Management Process</p> <p>This file is a searchable PDF.</p> <p>Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.</p> | | | |
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| <p><u>For Medical Policy information, please access the BCBSNM Medical Policy Website</u></p> | | | | |
| <p><u>For services that are handled by Carelon Medical Benefits Management, Call 1-866-455-8415 or Access Website https://www.careloninsights.com/medical-benefits-management/specialty-care</u></p> | | | | |
| Procedure Code | Service Category | Code Description | Managed By | Updates |
| 70336 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Temporomandibular Joint(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70450 | Advanced Imaging/Radiology | Computed Tomography Head Or Brain; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70460 | Advanced Imaging/Radiology | Computed Tomography Head Or Brain; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70470 | Advanced Imaging/Radiology | Computed Tomography Head Or Brain; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70480 | Advanced Imaging/Radiology | Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70481 | Advanced Imaging/Radiology | Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 70482 | Advanced Imaging/Radiology | Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70486 | Advanced Imaging/Radiology | Computed Tomography Maxillofacial Area; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70487 | Advanced Imaging/Radiology | Computed Tomography Maxillofacial Area; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70488 | Advanced Imaging/Radiology | Computed Tomography Maxillofacial Area; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70490 | Advanced Imaging/Radiology | Computed Tomography Soft Tissue Neck; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70491 | Advanced Imaging/Radiology | Computed Tomography Soft Tissue Neck; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70492 | Advanced Imaging/Radiology | Computed Tomography Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70496 | Advanced Imaging/Radiology | Computed Tomographic Angiography Head With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70498 | Advanced Imaging/Radiology | Computed Tomographic Angiography Neck With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70540 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70542 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70543 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 70544 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Head; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70545 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Head; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70546 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Head; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70547 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Neck; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70548 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Neck; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70549 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70551 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70552 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70553 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 70554 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Brain Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation Not Requiring Physician Or Psychologist Administration | Carelon | — |
| 70555 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Brain Functional Mri; Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing | Carelon | — |
| 71250 | Advanced Imaging/Radiology | Computed Tomography Thorax Diagnostic; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71260 | Advanced Imaging/Radiology | Computed Tomography Thorax Diagnostic; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 71270 | Advanced Imaging/Radiology | Computed Tomography Thorax Diagnostic; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71271 | Advanced Imaging/Radiology | Computed Tomography Thorax Low Dose For Lung Cancer Screening Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71275 | Advanced Imaging/Radiology | Computed Tomographic Angiography Chest (Noncoronary) With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71550 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71551 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71552 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 71555 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Chest (Excluding Myocardium) With Or Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72125 | Advanced Imaging/Radiology | Computed Tomography Cervical Spine; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72126 | Advanced Imaging/Radiology | Computed Tomography Cervical Spine; With Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72127 | Advanced Imaging/Radiology | Computed Tomography Cervical Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72128 | Advanced Imaging/Radiology | Computed Tomography Thoracic Spine; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|---|------------|---|
| 72129 | Advanced Imaging/Radiology | Computed Tomography Thoracic Spine; With Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72130 | Advanced Imaging/Radiology | Computed Tomography Thoracic Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72131 | Advanced Imaging/Radiology | Computed Tomography Lumbar Spine; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72132 | Advanced Imaging/Radiology | Computed Tomography Lumbar Spine; With Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72133 | Advanced Imaging/Radiology | Computed Tomography Lumbar Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72141 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72142 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72146 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72147 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72148 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72149 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72156 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Cervical | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72157 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Thoracic | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|---|------------|---|
| 72158 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Lumbar | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72159 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Spinal Canal And Contents With Or Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72191 | Advanced Imaging/Radiology | Computed Tomographic Angiography Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72192 | Advanced Imaging/Radiology | Computed Tomography Pelvis; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72193 | Advanced Imaging/Radiology | Computed Tomography Pelvis; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72194 | Advanced Imaging/Radiology | Computed Tomography Pelvis; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72195 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72196 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Pelvis; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72197 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 72198 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Pelvis With Or Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73200 | Advanced Imaging/Radiology | Computed Tomography Upper Extremity; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73201 | Advanced Imaging/Radiology | Computed Tomography Upper Extremity; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73202 | Advanced Imaging/Radiology | Computed Tomography Upper Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 73206 | Advanced Imaging/Radiology | Computed Tomographic Angiography Upper Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73218 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73219 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73220 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73221 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73222 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73223 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73225 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Upper Extremity With Or Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73700 | Advanced Imaging/Radiology | Computed Tomography Lower Extremity; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73701 | Advanced Imaging/Radiology | Computed Tomography Lower Extremity; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73702 | Advanced Imaging/Radiology | Computed Tomography Lower Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 73706 | Advanced Imaging/Radiology | Computed Tomographic Angiography Lower Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73718 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73719 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73720 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73721 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73722 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73723 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 73725 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74150 | Advanced Imaging/Radiology | Computed Tomography Abdomen; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74160 | Advanced Imaging/Radiology | Computed Tomography Abdomen; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74170 | Advanced Imaging/Radiology | Computed Tomography Abdomen; Without Contrast Material Followed By Contrast Material(S) And Further Sections | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|---|------------|---|
| 74174 | Advanced Imaging/Radiology | Computed Tomographic Angiography Abdomen And Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74175 | Advanced Imaging/Radiology | Computed Tomographic Angiography Abdomen With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74176 | Advanced Imaging/Radiology | Computed Tomography Abdomen And Pelvis; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74177 | Advanced Imaging/Radiology | Computed Tomography Abdomen And Pelvis; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74178 | Advanced Imaging/Radiology | Computed Tomography Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74181 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74182 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Abdomen; With Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74183 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S) Followed By With Contrast Material(S) And Further Sequences | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74185 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Abdomen With Or Without Contrast Material(S) | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74261 | Advanced Imaging/Radiology | Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; Without Contrast Material | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 74262 | Advanced Imaging/Radiology | Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images If Performed | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74263 | Advanced Imaging/Radiology | Computed Tomographic (Ct) Colonography Screening Including Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 74712 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Fetal Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation | Carelon | — |
| 74713 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Fetal Including Placental And Maternal Pelvic Imaging When Performed; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 75635 | Advanced Imaging/Radiology | Computed Tomographic Angiography Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 76376 | Advanced Imaging/Radiology | 3D Rendering With Interpretation And Reporting Of Computed Tomography Magnetic Resonance Imaging Ultrasound Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstation | Carelon | — |
| 76377 | Advanced Imaging/Radiology | 3D Rendering With Interpretation And Reporting Of Computed Tomography Magnetic Resonance Imaging Ultrasound Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation | Carelon | — |
| 76380 | Advanced Imaging/Radiology | Computed Tomography Limited Or Localized Follow-Up Study | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---|
| 76390 | Advanced Imaging/Radiology | Magnetic Resonance Spectroscopy | Carelon | — |
| 76391 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Vibration) Elastography | Carelon | — |
| 77046 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Breast Without Contrast Material; Unilateral | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 77047 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Breast Without Contrast Material; Bilateral | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 77048 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Breast Without And With Contrast Material(S) Including Computer-Aided Detection (Cad Real-Time Lesion Detection Characterization And Pharmacokinetic Analysis) When Performed; Unilateral | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 77049 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Breast Without And With Contrast Material(S) Including Computer-Aided Detection (Cad Real-Time Lesion Detection Characterization And Pharmacokinetic Analysis) When Performed; Bilateral | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 77078 | Advanced Imaging/Radiology | Computed Tomography Bone Mineral Density Study 1 Or More Sites Axial Skeleton (Eg Hips Pelvis Spine) | Carelon | — |
| 77084 | Advanced Imaging/Radiology | Magnetic Resonance (Eg Proton) Imaging Bone Marrow Blood Supply | Carelon | Effective 01/01/2025, addition of site of care to the medical necessity criteria. |
| 78012 | Advanced Imaging/Radiology | Thyroid Uptake Single Or Multiple Quantitative Measurement(S) (Including Stimulation Suppression Or Discharge When Performed) | Carelon | — |
| 78013 | Advanced Imaging/Radiology | Thyroid Imaging (Including Vascular Flow When Performed); | Carelon | — |
| 78014 | Advanced Imaging/Radiology | Thyroid Imaging (Including Vascular Flow When Performed); With Single Or Multiple Uptake(S) Quantitative Measurement(S) (Including Stimulation Suppression Or Discharge When Performed) | Carelon | — |
| 78015 | Advanced Imaging/Radiology | Thyroid Carcinoma Metastases Imaging; Limited Area (Eg Neck And Chest Only) | Carelon | — |
| 78016 | Advanced Imaging/Radiology | Thyroid Carcinoma Metastases Imaging; With Additional Studies (Eg Urinary Recovery) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78018 | Advanced Imaging/Radiology | Thyroid Carcinoma Metastases Imaging; Whole Body | Carelon | — |
| 78020 | Advanced Imaging/Radiology | Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 78070 | Advanced Imaging/Radiology | Parathyroid Planar Imaging (Including Subtraction When Performed); | Carelon | — |
| 78071 | Advanced Imaging/Radiology | Parathyroid Planar Imaging (Including Subtraction When Performed); With Tomographic (Spect) | Carelon | — |
| 78072 | Advanced Imaging/Radiology | Parathyroid Planar Imaging (Including Subtraction When Performed); With Tomographic (Spect) And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization | Carelon | — |
| 78075 | Advanced Imaging/Radiology | Adrenal Imaging Cortex And/Or Medulla | Carelon | — |
| 78102 | Advanced Imaging/Radiology | Bone Marrow Imaging; Limited Area | Carelon | — |
| 78103 | Advanced Imaging/Radiology | Bone Marrow Imaging; Multiple Areas | Carelon | — |
| 78104 | Advanced Imaging/Radiology | Bone Marrow Imaging; Whole Body | Carelon | — |
| 78185 | Advanced Imaging/Radiology | Spleen Imaging Only With Or Without Vascular Flow | Carelon | — |
| 78195 | Advanced Imaging/Radiology | Lymphatics And Lymph Nodes Imaging | Carelon | — |
| 78201 | Advanced Imaging/Radiology | Liver Imaging; Static Only | Carelon | — |
| 78202 | Advanced Imaging/Radiology | Liver Imaging; With Vascular Flow | Carelon | — |
| 78215 | Advanced Imaging/Radiology | Liver And Spleen Imaging; Static Only | Carelon | — |
| 78216 | Advanced Imaging/Radiology | Liver And Spleen Imaging; With Vascular Flow | Carelon | — |
| 78226 | Advanced Imaging/Radiology | Hepatobiliary System Imaging Including Gallbladder When Present; | Carelon | — |
| 78227 | Advanced Imaging/Radiology | Hepatobiliary System Imaging Including Gallbladder When Present; With Pharmacologic Intervention Including Quantitative Measurement(S) When Performed | Carelon | — |
| 78230 | Advanced Imaging/Radiology | Salivary Gland Imaging; | Carelon | — |
| 78231 | Advanced Imaging/Radiology | Salivary Gland Imaging; With Serial Images | Carelon | — |
| 78232 | Advanced Imaging/Radiology | Salivary Gland Function Study | Carelon | — |
| 78258 | Advanced Imaging/Radiology | Esophageal Motility | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78261 | Advanced Imaging/Radiology | Gastric Mucosa Imaging | Carelon | — |
| 78262 | Advanced Imaging/Radiology | Gastroesophageal Reflux Study | Carelon | — |
| 78264 | Advanced Imaging/Radiology | Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); | Carelon | — |
| 78265 | Advanced Imaging/Radiology | Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); With Small Bowel Transit | Carelon | — |
| 78266 | Advanced Imaging/Radiology | Gastric Emptying Imaging Study (Eg Solid Liquid Or Both); With Small Bowel And Colon Transit Multiple Days | Carelon | — |
| 78278 | Advanced Imaging/Radiology | Acute Gastrointestinal Blood Loss Imaging | Carelon | — |
| 78290 | Advanced Imaging/Radiology | Intestine Imaging (Eg Ectopic Gastric Mucosa Meckel'S Localization Volvulus) | Carelon | — |
| 78291 | Advanced Imaging/Radiology | Peritoneal-Venous Shunt Patency Test (Eg For Leveen Denver Shunt) | Carelon | — |
| 78300 | Advanced Imaging/Radiology | Bone And/Or Joint Imaging; Limited Area | Carelon | — |
| 78305 | Advanced Imaging/Radiology | Bone And/Or Joint Imaging; Multiple Areas | Carelon | — |
| 78306 | Advanced Imaging/Radiology | Bone And/Or Joint Imaging; Whole Body | Carelon | — |
| 78315 | Advanced Imaging/Radiology | Bone And/Or Joint Imaging; 3 Phase Study | Carelon | — |
| 78445 | Advanced Imaging/Radiology | Non-Cardiac Vascular Flow Imaging (Ie Angiography Venography) | Carelon | — |
| 78456 | Advanced Imaging/Radiology | Acute Venous Thrombosis Imaging Peptide | Carelon | — |
| 78457 | Advanced Imaging/Radiology | Venous Thrombosis Imaging Venogram; Unilateral | Carelon | — |
| 78458 | Advanced Imaging/Radiology | Venous Thrombosis Imaging Venogram; Bilateral | Carelon | — |
| 78579 | Advanced Imaging/Radiology | Pulmonary Ventilation Imaging (Eg Aerosol Or Gas) | Carelon | — |
| 78580 | Advanced Imaging/Radiology | Pulmonary Perfusion Imaging (Eg Particulate) | Carelon | — |
| 78582 | Advanced Imaging/Radiology | Pulmonary Ventilation (Eg Aerosol Or Gas) And Perfusion Imaging | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78597 | Advanced Imaging/Radiology | Quantitative Differential Pulmonary Perfusion Including Imaging When Performed | Carelon | — |
| 78598 | Advanced Imaging/Radiology | Quantitative Differential Pulmonary Perfusion And Ventilation (Eg Aerosol Or Gas) Including Imaging When Performed | Carelon | — |
| 78600 | Advanced Imaging/Radiology | Brain Imaging Less Than 4 Static Views; | Carelon | — |
| 78601 | Advanced Imaging/Radiology | Brain Imaging Less Than 4 Static Views; With Vascular Flow | Carelon | — |
| 78605 | Advanced Imaging/Radiology | Brain Imaging Minimum 4 Static Views; | Carelon | — |
| 78606 | Advanced Imaging/Radiology | Brain Imaging Minimum 4 Static Views; With Vascular Flow | Carelon | — |
| 78608 | Advanced Imaging/Radiology | Brain Imaging Positron Emission Tomography (Pet); Metabolic Evaluation | Carelon | — |
| 78609 | Advanced Imaging/Radiology | Brain Imaging Positron Emission Tomography (Pet); Perfusion Evaluation | Carelon | — |
| 78610 | Advanced Imaging/Radiology | Brain Imaging Vascular Flow Only | Carelon | — |
| 78630 | Advanced Imaging/Radiology | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Cisternography | Carelon | — |
| 78635 | Advanced Imaging/Radiology | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Ventriculography | Carelon | — |
| 78645 | Advanced Imaging/Radiology | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Shunt Evaluation | Carelon | — |
| 78650 | Advanced Imaging/Radiology | Cerebrospinal Fluid Leakage Detection And Localization | Carelon | — |
| 78660 | Advanced Imaging/Radiology | Radiopharmaceutical Dacryocystography | Carelon | — |
| 78700 | Advanced Imaging/Radiology | Kidney Imaging Morphology; | Carelon | — |
| 78701 | Advanced Imaging/Radiology | Kidney Imaging Morphology; With Vascular Flow | Carelon | — |
| 78707 | Advanced Imaging/Radiology | Kidney Imaging Morphology; With Vascular Flow And Function Single Study Without Pharmacological Intervention | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78708 | Advanced Imaging/Radiology | Kidney Imaging Morphology; With Vascular Flow And Function Single Study With Pharmacological Intervention (Eg Angiotensin Converting Enzyme Inhibitor And/Or Diuretic) | Carelon | — |
| 78709 | Advanced Imaging/Radiology | Kidney Imaging Morphology; With Vascular Flow And Function Multiple Studies With And Without Pharmacological Intervention (Eg Angiotensin Converting Enzyme Inhibitor And/Or Diuretic) | Carelon | — |
| 78725 | Advanced Imaging/Radiology | Kidney Function Study Non-Imaging Radioisotopic Study | Carelon | — |
| 78730 | Advanced Imaging/Radiology | Urinary Bladder Residual Study (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 78740 | Advanced Imaging/Radiology | Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram) | Carelon | — |
| 78761 | Advanced Imaging/Radiology | Testicular Imaging With Vascular Flow | Carelon | — |
| 78800 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Single Area (Eg Head Neck Chest Pelvis) Single Day Imaging | Carelon | — |
| 78801 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar 2 Or More Areas (Eg Abdomen And Pelvis Head And Chest) 1 Or More Days Imaging Or Single Area Imaging Over 2 Or More Days | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78802 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Whole Body Single Day Imaging | Carelon | — |
| 78803 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) Single Area (Eg Head Neck Chest Pelvis) Or Acquisition Single Day Imaging | Carelon | — |
| 78804 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Planar Whole Body Requiring 2 Or More Days Imaging | Carelon | — |
| 78811 | Advanced Imaging/Radiology | Positron Emission Tomography (Pet) Imaging; Limited Area (Eg Chest Head/Neck) | Carelon | — |
| 78812 | Advanced Imaging/Radiology | Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh | Carelon | — |
| 78813 | Advanced Imaging/Radiology | Positron Emission Tomography (Pet) Imaging; Whole Body | Carelon | — |
| 78814 | Advanced Imaging/Radiology | Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (Eg Chest Head/Neck) | Carelon | — |
| 78815 | Advanced Imaging/Radiology | Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78816 | Advanced Imaging/Radiology | Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body | Carelon | — |
| 78830 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review Localization And Determination/Detection Of Pathology Single Area (Eg Head Neck Chest Pelvis) Or Acquisition Single Day Imaging | Carelon | — |
| 78831 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) Minimum 2 Areas (Eg Pelvis And Knees Chest And Abdomen) Or Separate Acquisitions (Eg Lung Ventilation And Perfusion) Single Day Imaging Or Single Area Or Acquisition Over 2 Or More Days | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| 78832 | Advanced Imaging/Radiology | Radiopharmaceutical Localization Of Tumor Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging When Performed); Tomographic (Spect) With Concurrently Acquired Computed Tomography (Ct) Transmission Scan For Anatomical Review Localization And Determination/Detection Of Pathology Minimum 2 Areas (Eg Pelvis And Knees Chest And Abdomen) Or Separate Acquisitions (Eg Lung Ventilation And Perfusion) Single Day Imaging Or Single Area Or Acquisition Over 2 Or More Days | Carelon | — |
| 0042T | Advanced Imaging/Radiology | Cerebral Perfusion Analysis Using Computed Tomography With Contrast Administration Including Post-Processing Of Parametric Maps With Determination Of Cerebral Blood Flow Cerebral Blood Volume And Mean Transit Time | Carelon | — |
| 0633T | Advanced Imaging/Radiology | Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Material | Carelon | — |
| 0634T | Advanced Imaging/Radiology | Computed Tomography Breast Including 3D Rendering When Performed Unilateral; With Contrast Material(S) | Carelon | — |
| 0635T | Advanced Imaging/Radiology | Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Followed By Contrast Material(S) | Carelon | — |
| 0636T | Advanced Imaging/Radiology | Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Material(S) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|---|------------|---------|
| 0637T | Advanced Imaging/Radiology | Computed Tomography Breast Including 3D Rendering When Performed Bilateral; With Contrast Material(S) | Carelon | — |
| 0638T | Advanced Imaging/Radiology | Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Followed By Contrast Material(S) | Carelon | — |
| 0648T | Advanced Imaging/Radiology | Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg Fat Iron Water Content) Including Multiparametric Data Acquisition Data Preparation And Transmission Interpretation And Report Obtained Without Diagnostic Mri Examination Of The Same Anatomy (Eg Organ Gland Tissue Target Structure) During The Same Session; Single Organ | Carelon | — |
| 0649T | Advanced Imaging/Radiology | Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg Fat Iron Water Content) Including Multiparametric Data Acquisition Data Preparation And Transmission Interpretation And Report Obtained With Diagnostic Mri Examination Of The Same Anatomy (Eg Organ Gland Tissue Target Structure); Single Organ (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| A9602 | Advanced Imaging/Radiology | Fluorodopa F-18 Diagnostic Per Millicurie | Carelon | — |
| A9800 | Advanced Imaging/Radiology | Gallium Ga-68 Gozetotide Diagnostic (Locametz) 1 Millicurie | Carelon | — |
| C8900 | Advanced Imaging/Radiology | Magnetic Resonance Angiography With Contrast Abdomen | Carelon | — |
| C8901 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Abdomen | Carelon | — |
| C8902 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Followed By With Contrast Abdomen | Carelon | — |
| C8903 | Advanced Imaging/Radiology | Magnetic Resonance Imaging With Contrast Breast; Unilateral | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------------|--|------------|---------|
| C8905 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Without Contrast Followed By With Contrast Breast; Unilateral | Carelon | — |
| C8906 | Advanced Imaging/Radiology | Magnetic Resonance Imaging With Contrast Breast; Bilateral | Carelon | — |
| C8908 | Advanced Imaging/Radiology | Magnetic Resonance Imaging Without Contrast Followed By With Contrast Breast; Bilateral | Carelon | — |
| C8909 | Advanced Imaging/Radiology | Magnetic Resonance Angiography With Contrast Chest (Excluding Myocardium) | Carelon | — |
| C8910 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Chest (Excluding Myocardium) | Carelon | — |
| C8911 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Followed By With Contrast Chest (Excluding Myocardium) | Carelon | — |
| C8912 | Advanced Imaging/Radiology | Magnetic Resonance Angiography With Contrast Lower Extremity | Carelon | — |
| C8913 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Lower Extremity | Carelon | — |
| C8914 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Followed By With Contrast Lower Extremity | Carelon | — |
| C8918 | Advanced Imaging/Radiology | Magnetic Resonance Angiography With Contrast Pelvis | Carelon | — |
| C8919 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Pelvis | Carelon | — |
| C8920 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Followed By With Contrast Pelvis | Carelon | — |
| C8931 | Advanced Imaging/Radiology | Magnetic Resonance Angiography With Contrast Spinal Canal And Contents | Carelon | — |
| C8932 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Spinal Canal And Contents | Carelon | — |
| C8933 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Followed By With Contrast Spinal Canal And Contents | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|------------------------------|---|------------|---------|
| C8934 | Advanced Imaging/Radiology | Magnetic Resonance Angiography With Contrast Upper Extremity | Carelon | — |
| C8935 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Upper Extremity | Carelon | — |
| C8936 | Advanced Imaging/Radiology | Magnetic Resonance Angiography Without Contrast Followed By With Contrast Upper Extremity | Carelon | — |
| G0219 | Advanced Imaging/Radiology | Pet Imaging Whole Body; Melanoma For Non-Covered Indications | Carelon | — |
| G0235 | Advanced Imaging/Radiology | Pet Imaging Any Site Not Otherwise Specified | Carelon | — |
| G0252 | Advanced Imaging/Radiology | 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) | Carelon | — |
| S8037 | Advanced Imaging/Radiology | Magnetic Resonance Cholangiopancreatography (Mrcp) | Carelon | — |
| 36516 | Cardiology - Lipid Apheresis | Therapeutic Apheresis; With Extracorporeal Immunoabsorption Selective Adsorption Or Selective Filtration And Plasma Reinfusion | BCBSNM | — |
| S2120 | Cardiology - Lipid Apheresis | Low Density Lipoprotein (Ldl) Apheresis Using Heparin-Induced Extracorporeal Ldl Precipitation | BCBSNM | — |
| 30120 | Ear, Nose, and Throat | Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma | BCBSNM | — |
| 30400 | Ear, Nose, and Throat | Rhinoplasty Primary; Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip | BCBSNM | — |
| 30410 | Ear, Nose, and Throat | Rhinoplasty Primary; Complete External Parts Including Bony Pyramid Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip | BCBSNM | — |
| 30420 | Ear, Nose, and Throat | Rhinoplasty Primary; Including Major Septal Repair | BCBSNM | — |
| 30430 | Ear, Nose, and Throat | Rhinoplasty Secondary; Minor Revision (Small Amount Of Nasal Tip Work) | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|---|------------|-----------------------------|
| 30435 | Ear, Nose, and Throat | Rhinoplasty Secondary; Intermediate Revision (Bony Work With Osteotomies) | BCBSNM | — |
| 30450 | Ear, Nose, and Throat | Rhinoplasty Secondary; Major Revision (Nasal Tip Work And Osteotomies) | BCBSNM | — |
| 30999 | Ear, Nose, and Throat | Unlisted Procedure Nose | BCBSNM | — |
| 31296 | Ear, Nose, and Throat | Nasal/Sinus Endoscopy Surgical With Dilation (Eg Balloon Dilation); Frontal Sinus Ostium | BCBSNM | — |
| 31297 | Ear, Nose, and Throat | Nasal/Sinus Endoscopy Surgical With Dilation (Eg Balloon Dilation); Sphenoid Sinus Ostium | BCBSNM | — |
| 31299 | Ear, Nose, and Throat | Unlisted Procedure Accessory Sinuses | BCBSNM | — |
| 69714 | Ear, Nose, and Throat | Implantation Osseointegrated Implant Skull; With Percutaneous Attachment To External Speech Processor | BCBSNM | — |
| 69717 | Ear, Nose, and Throat | Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Percutaneous Attachment To External Speech Processor | BCBSNM | — |
| 69930 | Ear, Nose, and Throat | Cochlear Device Implantation With Or Without Mastoidectomy | BCBSNM | — |
| 92633 | Ear, Nose, and Throat | Auditory Rehabilitation; Postlingual Hearing Loss | BCBSNM | Retire Effective 01/01/2025 |
| L8614 | Ear, Nose, and Throat | Cochlear Device Includes All Internal And External Components | BCBSNM | — |
| L8615 | Ear, Nose, and Throat | Headset/Headpiece For Use With Cochlear Implant Device Replacement | BCBSNM | — |
| L8616 | Ear, Nose, and Throat | Microphone For Use With Cochlear Implant Device Replacement | BCBSNM | — |
| L8617 | Ear, Nose, and Throat | Transmitting Coil For Use With Cochlear Implant Device Replacement | BCBSNM | — |
| L8618 | Ear, Nose, and Throat | Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated Device Replacement | BCBSNM | — |
| L8619 | Ear, Nose, and Throat | Cochlear Implant External Speech Processor And Controller Integrated System Replacement | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|--|------------|---------|
| L8621 | Ear, Nose, and Throat | Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated Sound Processors Replacement Each | BCBSNM | — |
| L8622 | Ear, Nose, and Throat | Alkaline Battery For Use With Cochlear Implant Device Any Size Replacement Each | BCBSNM | — |
| L8623 | Ear, Nose, and Throat | Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor Other Than Ear Level Replacement Each | BCBSNM | — |
| L8624 | Ear, Nose, and Throat | Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor Ear Level Replacement Each | BCBSNM | — |
| L8627 | Ear, Nose, and Throat | Cochlear Implant External Speech Processor Component Replacement | BCBSNM | — |
| L8628 | Ear, Nose, and Throat | Cochlear Implant External Controller Component Replacement | BCBSNM | — |
| L8629 | Ear, Nose, and Throat | Transmitting Coil And Cable Integrated For Use With Cochlear Implant Device Replacement | BCBSNM | — |
| L8690 | Ear, Nose, and Throat | Auditory Osseointegrated Device Includes All Internal And External Components | BCBSNM | — |
| L8691 | Ear, Nose, and Throat | Auditory Osseointegrated Device External Sound Processor Excludes Transducer/Actuator Replacement Only Each | BCBSNM | — |
| L8693 | Ear, Nose, and Throat | Auditory Osseointegrated Device Abutment Any Length Replacement Only | BCBSNM | — |
| 43647 | Gastroenterology | Laparoscopy Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes Antrum | BCBSNM | — |
| 43648 | Gastroenterology | Laparoscopy Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes Antrum | BCBSNM | — |
| 43881 | Gastroenterology | Implantation Or Replacement Of Gastric Neurostimulator Electrodes Antrum Open | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|--|------------|---------|
| 95980 | Gastroenterology | Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg Rate Pulse Amplitude And Duration Configuration Of Wave Form Battery Status Electrode Selectability Output Modulation Cycling Impedance And Patient Measurements) Gastric Neurostimulator Pulse Generator/Transmitter; Intraoperative With Programming | BCBSNM | — |
| E0765 | Gastroenterology | Fda Approved Nerve Stimulator With Replaceable Batteries For Treatment Of Nausea And Vomiting | BCBSNM | — |
| S5501 | Home Infusion Therapy | Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | — |
| S5502 | Home Infusion Therapy | Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use) | BCBSNM | — |
| S9208 | Home Infusion Therapy | Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|--|------------|---------|
| S9209 | Home Infusion Therapy | Home management of preterm premature rupture of membranes (pprom), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | BCBSNM | – |
| S9211 | Home Infusion Therapy | Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code) | BCBSNM | – |
| S9212 | Home Infusion Therapy | Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | BCBSNM | – |
| S9213 | Home Infusion Therapy | Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code) | BCBSNM | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|--|------------|---------|
| S9214 | Home Infusion Therapy | Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code) | BCBSNM | — |
| S9325 | Home Infusion Therapy | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326, s9327 or s9328) | BCBSNM | — |
| S9357 | Home Infusion Therapy | Home infusion therapy, enzyme replacement intravenous therapy; (e. G. Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | — |
| S9359 | Home Infusion Therapy | Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e. G. Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|---|------------|---------|
| S9372 | Home Infusion Therapy | Home therapy; intermittent anticoagulant injection therapy (e. G. Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency) | BCBSNM | – |
| S9373 | Home Infusion Therapy | Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374-s9377 using daily volume scales) | BCBSNM | – |
| S9375 | Home Infusion Therapy | Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |
| S9376 | Home Infusion Therapy | Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-----------------------|---|------------|---------|
| S9494 | Home Infusion Therapy | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497-s9504) | BCBSNM | – |
| S9497 | Home Infusion Therapy | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |
| S9500 | Home Infusion Therapy | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |
| S9501 | Home Infusion Therapy | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |
| S9502 | Home Infusion Therapy | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-------------------------|
| S9590 | Home Infusion Therapy | Home therapy, irrigation therapy (e. G. Sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | BCBSNM | – |
| S9810 | Home Infusion Therapy | Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code) | BCBSNM | – |
| 0552U | Molecular Genetic Lab Testing | Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophoctoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder | Carelon | Add effective 10/1/2025 |
| 0553U | Molecular Genetic Lab Testing | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophoctoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested | Carelon | Add effective 10/1/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|-------------------------|
| 0554U | Molecular Genetic Lab Testing | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | Carelon | Add effective 10/1/2025 |
| 0555U | Molecular Genetic Lab Testing | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | Carelon | Add effective 10/1/2025 |
| 0560U | Molecular Genetic Lab Testing | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments | Carelon | Add effective 10/1/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|-------------------------|
| 0561U | Molecular Genetic Lab Testing | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD | Carelon | Add effective 10/1/2025 |
| 0562U | Molecular Genetic Lab Testing | Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants | Carelon | Add effective 10/1/2025 |
| 0565U | Molecular Genetic Lab Testing | Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected | Carelon | Add effective 10/1/2025 |
| 0566U | Molecular Genetic Lab Testing | Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result | Carelon | Add effective 10/1/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|-------------------------|
| 0567U | Molecular Genetic Lab Testing | Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants | Carelon | Add effective 10/1/2025 |
| 0569U | Molecular Genetic Lab Testing | Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate | Carelon | Add effective 10/1/2025 |
| 0571U | Molecular Genetic Lab Testing | Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants | Carelon | Add effective 10/1/2025 |
| 81120 | Molecular Genetic Lab Testing | Idh1 (Isocitrate Dehydrogenase 1 [Nadp+] Soluble) (Eg Glioma) Common Variants (Eg R132H R132C) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81121 | Molecular Genetic Lab Testing | Idh2 (Isocitrate Dehydrogenase 2 [Nadp+] Mitochondrial) (Eg Glioma) Common Variants (Eg R140W R172M) | Carelon | — |
| 81162 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis And Full Duplication/Deletion Analysis (Ie Detection Of Large Gene Rearrangements) | Carelon | — |
| 81163 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81164 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie Detection Of Large Gene Rearrangements) | Carelon | — |
| 81165 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81166 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie Detection Of Large Gene Rearrangements) | Carelon | — |
| 81167 | Molecular Genetic Lab Testing | Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie Detection Of Large Gene Rearrangements) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81168 | Molecular Genetic Lab Testing | Ccnd1/Igh (T(11;14)) (Eg Mantle Cell Lymphoma) Translocation Analysis Major Breakpoint Qualitative And Quantitative If Performed | Carelon | — |
| 81170 | Molecular Genetic Lab Testing | Abl1 (Abl Proto-Oncogene 1 Non-Receptor Tyrosine Kinase) (Eg Acquired Imatinib Tyrosine Kinase Inhibitor Resistance) Gene Analysis Variants In The Kinase Domain | Carelon | — |
| 81171 | Molecular Genetic Lab Testing | Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg Fragile X Intellectual Disability 2 [Fraxe]) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81172 | Molecular Genetic Lab Testing | Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg Fragile X Intellectual Disability 2 [Fraxe]) Gene Analysis; Characterization Of Alleles (Eg Expanded Size And Methylation Status) | Carelon | — |
| 81173 | Molecular Genetic Lab Testing | Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81174 | Molecular Genetic Lab Testing | Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Gene Analysis; Known Familial Variant | Carelon | — |
| 81175 | Molecular Genetic Lab Testing | Asxl1 (Additional Sex Combs Like 1 Transcriptional Regulator) (Eg Myelodysplastic Syndrome Myeloproliferative Neoplasms Chronic Myelomonocytic Leukemia) Gene Analysis; Full Gene Sequence | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81176 | Molecular Genetic Lab Testing | Asx11 (Additional Sex Combs Like 1 Transcriptional Regulator) (Eg Myelodysplastic Syndrome Myeloproliferative Neoplasms Chronic Myelomonocytic Leukemia) Gene Analysis; Targeted Sequence Analysis (Eg Exon 12) | Carelon | — |
| 81177 | Molecular Genetic Lab Testing | Atn1 (Atrophin 1) (Eg Dentatorubral-Pallidoluysian Atrophy) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81178 | Molecular Genetic Lab Testing | Atxn1 (Ataxin 1) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81179 | Molecular Genetic Lab Testing | Atxn2 (Ataxin 2) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81180 | Molecular Genetic Lab Testing | Atxn3 (Ataxin 3) (Eg Spinocerebellar Ataxia Machado-Joseph Disease) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81181 | Molecular Genetic Lab Testing | Atxn7 (Ataxin 7) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81182 | Molecular Genetic Lab Testing | Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81183 | Molecular Genetic Lab Testing | Atxn10 (Ataxin 10) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81184 | Molecular Genetic Lab Testing | Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg Spinocerebellar Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|--------------------------|
| 81185 | Molecular Genetic Lab Testing | Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg Spinocerebellar Ataxia) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81186 | Molecular Genetic Lab Testing | Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg Spinocerebellar Ataxia) Gene Analysis; Known Familial Variant | Carelon | — |
| 81187 | Molecular Genetic Lab Testing | Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (Eg Myotonic Dystrophy Type 2) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81188 | Molecular Genetic Lab Testing | Cstb (Cystatin B) (Eg Unverricht-Lundborg Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81189 | Molecular Genetic Lab Testing | Cstb (Cystatin B) (Eg Unverricht-Lundborg Disease) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81190 | Molecular Genetic Lab Testing | Cstb (Cystatin B) (Eg Unverricht-Lundborg Disease) Gene Analysis; Known Familial Variant(S) | Carelon | — |
| 81191 | Molecular Genetic Lab Testing | Ntrk1 (Neurotrophic Receptor Tyrosine Kinase 1) (Eg Solid Tumors) Translocation Analysis | Carelon | — |
| 81192 | Molecular Genetic Lab Testing | Ntrk2 (Neurotrophic Receptor Tyrosine Kinase 2) (Eg Solid Tumors) Translocation Analysis | Carelon | — |
| 81193 | Molecular Genetic Lab Testing | Ntrk3 (Neurotrophic Receptor Tyrosine Kinase 3) (Eg Solid Tumors) Translocation Analysis | Carelon | — |
| 81194 | Molecular Genetic Lab Testing | Ntrk (Neurotrophic Receptor Tyrosine Kinase 1 2 And 3) (Eg Solid Tumors) Translocation Analysis | Carelon | — |
| 81195 | Molecular Genetic Lab Testing | Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM) | Carelon | Add effective 04/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81200 | Molecular Genetic Lab Testing | Aspa (Aspartoacylase) (Eg Canavan Disease) Gene Analysis Common Variants (Eg E285A Y231X) | Carelon | — |
| 81201 | Molecular Genetic Lab Testing | Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81202 | Molecular Genetic Lab Testing | Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Known Familial Variants | Carelon | — |
| 81203 | Molecular Genetic Lab Testing | Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81204 | Molecular Genetic Lab Testing | Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Gene Analysis; Characterization Of Alleles (Eg Expanded Size Or Methylation Status) | Carelon | — |
| 81205 | Molecular Genetic Lab Testing | Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1 Beta Polypeptide) (Eg Maple Syrup Urine Disease) Gene Analysis Common Variants (Eg R183P G278S E422X) | Carelon | — |
| 81208 | Molecular Genetic Lab Testing | Bcr/Abl1 (T(9;22)) (Eg Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint Qualitative Or Quantitative | Carelon | — |
| 81209 | Molecular Genetic Lab Testing | Blm (Bloom Syndrome Recq Helicase-Like) (Eg Bloom Syndrome) Gene Analysis 2281Del6Ins7 Variant | Carelon | — |
| 81210 | Molecular Genetic Lab Testing | Braf (B-Raf Proto-Oncogene Serine/Threonine Kinase) (Eg Colon Cancer Melanoma) Gene Analysis V600 Variant(S) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81212 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; 185Delag 5385Insc 6174Delt Variants | Carelon | — |
| 81215 | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant | Carelon | — |
| 81216 | Molecular Genetic Lab Testing | Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81217 | Molecular Genetic Lab Testing | Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant | Carelon | — |
| 81218 | Molecular Genetic Lab Testing | Cebpa (Ccaat/Enhancer Binding Protein [C/Ebp] Alpha) (Eg Acute Myeloid Leukemia) Gene Analysis Full Gene Sequence | Carelon | — |
| 81219 | Molecular Genetic Lab Testing | Calr (Calreticulin) (Eg Myeloproliferative Disorders) Gene Analysis Common Variants In Exon 9 | Carelon | — |
| 81221 | Molecular Genetic Lab Testing | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Known Familial Variants | Carelon | — |
| 81222 | Molecular Genetic Lab Testing | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81223 | Molecular Genetic Lab Testing | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81224 | Molecular Genetic Lab Testing | Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg Male Infertility) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81225 | Molecular Genetic Lab Testing | Cyp2C19 (Cytochrome P450 Family 2 Subfamily C Polypeptide 19) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *4 *8 *17) | Carelon | — |
| 81226 | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *4 *5 *6 *9 *10 *17 *19 *29 *35 *41 *1Xn *2Xn *4Xn) | Carelon | — |
| 81227 | Molecular Genetic Lab Testing | Cyp2C9 (Cytochrome P450 Family 2 Subfamily C Polypeptide 9) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *5 *6) | Carelon | — |
| 81228 | Molecular Genetic Lab Testing | Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number Variants Comparative Genomic Hybridization [Cgh] Microarray Analysis | Carelon | — |
| 81229 | Molecular Genetic Lab Testing | Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number And Single Nucleotide Polymorphism (Snp) Variants Comparative Genomic Hybridization (Cgh) Microarray Analysis | Carelon | — |
| 81230 | Molecular Genetic Lab Testing | Cyp3A4 (Cytochrome P450 Family 3 Subfamily A Member 4) (Eg Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2 *22) | Carelon | — |
| 81231 | Molecular Genetic Lab Testing | Cyp3A5 (Cytochrome P450 Family 3 Subfamily A Member 5) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *4 *5 *6 *7) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81232 | Molecular Genetic Lab Testing | Dpyd (Dihydropyrimidine Dehydrogenase) (Eg 5-Fluorouracil/5-Fu And Capecitabine Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2A *4 *5 *6) | Carelon | — |
| 81233 | Molecular Genetic Lab Testing | Btk (Bruton'S Tyrosine Kinase) (Eg Chronic Lymphocytic Leukemia) Gene Analysis Common Variants (Eg C481S C481R C481F) | Carelon | — |
| 81234 | Molecular Genetic Lab Testing | Dmpk (Dm1 Protein Kinase) (Eg Myotonic Dystrophy Type 1) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles | Carelon | — |
| 81235 | Molecular Genetic Lab Testing | Egfr (Epidermal Growth Factor Receptor) (Eg Non-Small Cell Lung Cancer) Gene Analysis Common Variants (Eg Exon 19 Lrea Deletion L858R T790M G719A G719S L861Q) | Carelon | — |
| 81236 | Molecular Genetic Lab Testing | Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg Myelodysplastic Syndrome Myeloproliferative Neoplasms) Gene Analysis Full Gene Sequence | Carelon | — |
| 81237 | Molecular Genetic Lab Testing | Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg Diffuse Large B-Cell Lymphoma) Gene Analysis Common Variant(S) (Eg Codon 646) | Carelon | — |
| 81238 | Molecular Genetic Lab Testing | F9 (Coagulation Factor Ix) (Eg Hemophilia B) Full Gene Sequence | Carelon | — |
| 81239 | Molecular Genetic Lab Testing | Dmpk (Dm1 Protein Kinase) (Eg Myotonic Dystrophy Type 1) Gene Analysis; Characterization Of Alleles (Eg Expanded Size) | Carelon | — |
| 81240 | Molecular Genetic Lab Testing | F2 (Prothrombin Coagulation Factor Ii) (Eg Hereditary Hypercoagulability) Gene Analysis 20210G>A Variant | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81242 | Molecular Genetic Lab Testing | Fancc (Fanconi Anemia Complementation Group C) (Eg Fanconi Anemia Type C) Gene Analysis Common Variant (Eg lvs4+4A>T) | Carelon | — |
| 81244 | Molecular Genetic Lab Testing | Fmr1 (Fragile X Messenger Ribonucleoprotein 1) (Eg Fragile X Syndrome X-Linked Intellectual Disability [Xlid]) Gene Analysis; Characterization Of Alleles (Eg Expanded Size And Promoter Methylation Status) | Carelon | — |
| 81245 | Molecular Genetic Lab Testing | Flt3 (Fms-Related Tyrosine Kinase 3) (Eg Acute Myeloid Leukemia) Gene Analysis; Internal Tandem Duplication (ltd) Variants (Ie Exons 14 15) | Carelon | — |
| 81246 | Molecular Genetic Lab Testing | Flt3 (Fms-Related Tyrosine Kinase 3) (Eg Acute Myeloid Leukemia) Gene Analysis; Tyrosine Kinase Domain (Tkd) Variants (Eg D835 I836) | Carelon | — |
| 81247 | Molecular Genetic Lab Testing | G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg Hemolytic Anemia Jaundice) Gene Analysis; Common Variant(S) (Eg A A-) | Carelon | — |
| 81248 | Molecular Genetic Lab Testing | G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg Hemolytic Anemia Jaundice) Gene Analysis; Known Familial Variant(S) | Carelon | — |
| 81249 | Molecular Genetic Lab Testing | G6Pd (Glucose-6-Phosphate Dehydrogenase) (Eg Hemolytic Anemia Jaundice) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81250 | Molecular Genetic Lab Testing | G6Pc (Glucose-6-Phosphatase Catalytic Subunit) (Eg Glycogen Storage Disease Type 1A Von Gierke Disease) Gene Analysis Common Variants (Eg R83C Q347X) | Carelon | — |
| 81251 | Molecular Genetic Lab Testing | Gba (Glucosidase Beta Acid) (Eg Gaucher Disease) Gene Analysis Common Variants (Eg N370S 84Gg L444P lvs2+1G>A) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81252 | Molecular Genetic Lab Testing | Gjb2 (Gap Junction Protein Beta 2 26Kda Connexin 26) (Eg Nonsyndromic Hearing Loss) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81253 | Molecular Genetic Lab Testing | Gjb2 (Gap Junction Protein Beta 2 26Kda Connexin 26) (Eg Nonsyndromic Hearing Loss) Gene Analysis; Known Familial Variants | Carelon | — |
| 81254 | Molecular Genetic Lab Testing | Gjb6 (Gap Junction Protein Beta 6 30Kda Connexin 30) (Eg Nonsyndromic Hearing Loss) Gene Analysis Common Variants (Eg 309Kb [Del(Gjb6-D13S1830)] And 232Kb [Del(Gjb6-D13S1854)]) | Carelon | — |
| 81255 | Molecular Genetic Lab Testing | Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg Tay-Sachs Disease) Gene Analysis Common Variants (Eg 1278Instatc 1421+1G>C G269S) | Carelon | — |
| 81256 | Molecular Genetic Lab Testing | Hfe (Hemochromatosis) (Eg Hereditary Hemochromatosis) Gene Analysis Common Variants (Eg C282Y H63D) | Carelon | — |
| 81257 | Molecular Genetic Lab Testing | Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg Alpha Thalassemia Hb Bart Hydrops Fetalis Syndrome Hbh Disease) Gene Analysis; Common Deletions Or Variant (Eg Southeast Asian Thai Filipino Mediterranean Alpha3.7 Alpha4.2 Alpha20.5 Constant Spring) | Carelon | — |
| 81258 | Molecular Genetic Lab Testing | Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg Alpha Thalassemia Hb Bart Hydrops Fetalis Syndrome Hbh Disease) Gene Analysis; Known Familial Variant | Carelon | — |
| 81259 | Molecular Genetic Lab Testing | Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg Alpha Thalassemia Hb Bart Hydrops Fetalis Syndrome Hbh Disease) Gene Analysis; Full Gene Sequence | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81260 | Molecular Genetic Lab Testing | Ikbkap (Inhibitor Of Kappa Light Polypeptide Gene Enhancer In B-Cells Kinase Complex-Associated Protein) (Eg Familial Dysautonomia) Gene Analysis Common Variants (Eg 2507+6T>C R696P) | Carelon | — |
| 81261 | Molecular Genetic Lab Testing | Igh@ (Immunoglobulin Heavy Chain Locus) (Eg Leukemias And Lymphomas B-Cell) Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Amplified Methodology (Eg Polymerase Chain Reaction) | Carelon | — |
| 81262 | Molecular Genetic Lab Testing | Igh@ (Immunoglobulin Heavy Chain Locus) (Eg Leukemias And Lymphomas B-Cell) Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Direct Probe Methodology (Eg Southern Blot) | Carelon | — |
| 81263 | Molecular Genetic Lab Testing | Igh@ (Immunoglobulin Heavy Chain Locus) (Eg Leukemia And Lymphoma B-Cell) Variable Region Somatic Mutation Analysis | Carelon | — |
| 81264 | Molecular Genetic Lab Testing | Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg Leukemia And Lymphoma B-Cell) Gene Rearrangement Analysis Evaluation To Detect Abnormal Clonal Population(S) | Carelon | — |
| 81265 | Molecular Genetic Lab Testing | Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen (Eg Pre-Transplant Recipient And Donor Germline Testing Post-Transplant Non-Hematopoietic Recipient Germline [Eg Buccal Swab Or Other Germline Tissue Sample] And Donor Testing Twin Zygosity Testing Or Maternal Cell Contamination Of Fetal Cells) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81266 | Molecular Genetic Lab Testing | Comparative Analysis Using Short Tandem Repeat (Str) Markers; Each Additional Specimen (Eg Additional Cord Blood Donor Additional Fetal Samples From Different Cultures Or Additional Zygoty In Multiple Birth Pregnancies) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 81269 | Molecular Genetic Lab Testing | Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg Alpha Thalassemia Hb Bart Hydrops Fetalis Syndrome Hbh Disease) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81270 | Molecular Genetic Lab Testing | Jak2 (Janus Kinase 2) (Eg Myeloproliferative Disorder) Gene Analysis P.Val617Phe (V617F) Variant | Carelon | — |
| 81271 | Molecular Genetic Lab Testing | Htt (Huntingtin) (Eg Huntington Disease) Gene Analysis; Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81272 | Molecular Genetic Lab Testing | Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (Eg Gastrointestinal Stromal Tumor [Gist] Acute Myeloid Leukemia Melanoma) Gene Analysis Targeted Sequence Analysis (Eg Exons 8 11 13 17 18) | Carelon | — |
| 81273 | Molecular Genetic Lab Testing | Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (Eg Mastocytosis) Gene Analysis D816 Variant(S) | Carelon | — |
| 81274 | Molecular Genetic Lab Testing | Htt (Huntingtin) (Eg Huntington Disease) Gene Analysis; Characterization Of Alleles (Eg Expanded Size) | Carelon | — |
| 81275 | Molecular Genetic Lab Testing | Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (Eg Carcinoma) Gene Analysis; Variants In Exon 2 (Eg Codons 12 And 13) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81276 | Molecular Genetic Lab Testing | Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (Eg Carcinoma) Gene Analysis; Additional Variant(S) (Eg Codon 61 Codon 146) | Carelon | — |
| 81277 | Molecular Genetic Lab Testing | Cytogenomic Neoplasia (Genome-Wide) Microarray Analysis Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants For Chromosomal Abnormalities | Carelon | — |
| 81278 | Molecular Genetic Lab Testing | Igh@/Bcl2 (T(14;18)) (Eg Follicular Lymphoma) Translocation Analysis Major Breakpoint Region (Mbr) And Minor Cluster Region (Mcr) Breakpoints Qualitative Or Quantitative | Carelon | — |
| 81279 | Molecular Genetic Lab Testing | Jak2 (Janus Kinase 2) (Eg Myeloproliferative Disorder) Targeted Sequence Analysis (Eg Exons 12 And 13) | Carelon | — |
| 81283 | Molecular Genetic Lab Testing | Ifnl3 (Interferon Lambda 3) (Eg Drug Response) Gene Analysis Rs12979860 Variant | Carelon | — |
| 81284 | Molecular Genetic Lab Testing | Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles | Carelon | — |
| 81285 | Molecular Genetic Lab Testing | Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Characterization Of Alleles (Eg Expanded Size) | Carelon | — |
| 81286 | Molecular Genetic Lab Testing | Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81287 | Molecular Genetic Lab Testing | Mgmt (O-6-Methylguanine-Dna Methyltransferase) (Eg Glioblastoma Multiforme) Promoter Methylation Analysis | Carelon | — |
| 81288 | Molecular Genetic Lab Testing | Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81289 | Molecular Genetic Lab Testing | Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Known Familial Variant(S) | Carelon | — |
| 81290 | Molecular Genetic Lab Testing | Mcoln1 (Mucolipin 1) (Eg Mucopolipidosis Type Iv) Gene Analysis Common Variants (Eg lvs3-2A>G Del6.4Kb) | Carelon | — |
| 81291 | Molecular Genetic Lab Testing | Mthfr (5 10-Methylenetetrahydrofolate Reductase) (Eg Hereditary Hypercoagulability) Gene Analysis Common Variants (Eg 677T 1298C) | Carelon | — |
| 81292 | Molecular Genetic Lab Testing | Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81293 | Molecular Genetic Lab Testing | Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants | Carelon | — |
| 81294 | Molecular Genetic Lab Testing | Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81295 | Molecular Genetic Lab Testing | Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81296 | Molecular Genetic Lab Testing | Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants | Carelon | — |
| 81297 | Molecular Genetic Lab Testing | Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81298 | Molecular Genetic Lab Testing | Msh6 (Muts Homolog 6 [E. Coli]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81299 | Molecular Genetic Lab Testing | Msh6 (Muts Homolog 6 [E. Coli]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants | Carelon | — |
| 81300 | Molecular Genetic Lab Testing | Msh6 (Muts Homolog 6 [E. Coli]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81301 | Molecular Genetic Lab Testing | Microsatellite Instability Analysis (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg Bat25 Bat26) Includes Comparison Of Neoplastic And Normal Tissue If Performed | Carelon | — |
| 81302 | Molecular Genetic Lab Testing | Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81303 | Molecular Genetic Lab Testing | Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Gene Analysis; Known Familial Variant | Carelon | — |
| 81304 | Molecular Genetic Lab Testing | Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81305 | Molecular Genetic Lab Testing | Myd88 (Myeloid Differentiation Primary Response 88) (Eg Waldenstrom'S Macroglobulinemia Lymphoplasmacytic Leukemia) Gene Analysis P.Leu265Pro (L265P) Variant | Carelon | — |
| 81306 | Molecular Genetic Lab Testing | Nudt15 (Nudix Hydrolase 15) (Eg Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2 *3 *4 *5 *6) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81307 | Molecular Genetic Lab Testing | Palb2 (Partner And Localizer Of Brca2) (Eg Breast And Pancreatic Cancer) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81308 | Molecular Genetic Lab Testing | Palb2 (Partner And Localizer Of Brca2) (Eg Breast And Pancreatic Cancer) Gene Analysis; Known Familial Variant | Carelon | — |
| 81309 | Molecular Genetic Lab Testing | Pik3Ca (Phosphatidylinositol-4 5-Biphosphate 3-Kinase Catalytic Subunit Alpha) (Eg Colorectal And Breast Cancer) Gene Analysis Targeted Sequence Analysis (Eg Exons 7 9 20) | Carelon | — |
| 81310 | Molecular Genetic Lab Testing | Npm1 (Nucleophosmin) (Eg Acute Myeloid Leukemia) Gene Analysis Exon 12 Variants | Carelon | — |
| 81311 | Molecular Genetic Lab Testing | Nras (Neuroblastoma Ras Viral [V-Ras] Oncogene Homolog) (Eg Colorectal Carcinoma) Gene Analysis Variants In Exon 2 (Eg Codons 12 And 13) And Exon 3 (Eg Codon 61) | Carelon | — |
| 81312 | Molecular Genetic Lab Testing | Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg Oculopharyngeal Muscular Dystrophy) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81313 | Molecular Genetic Lab Testing | Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related Peptidase 3 [Prostate Specific Antigen]) Ratio (Eg Prostate Cancer) | Carelon | — |
| 81314 | Molecular Genetic Lab Testing | Pdgfra (Platelet-Derived Growth Factor Receptor Alpha Polypeptide) (Eg Gastrointestinal Stromal Tumor [Gist]) Gene Analysis Targeted Sequence Analysis (Eg Exons 12 18) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81315 | Molecular Genetic Lab Testing | Pml/Raralpha (T(15;17)) (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg Promyelocytic Leukemia) Translocation Analysis; Common Breakpoints (Eg Intron 3 And Intron 6) Qualitative Or Quantitative | Carelon | — |
| 81316 | Molecular Genetic Lab Testing | Pml/Raralpha (T(15;17)) (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg Promyelocytic Leukemia) Translocation Analysis; Single Breakpoint (Eg Intron 3 Intron 6 Or Exon 6) Qualitative Or Quantitative | Carelon | — |
| 81317 | Molecular Genetic Lab Testing | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81318 | Molecular Genetic Lab Testing | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants | Carelon | — |
| 81319 | Molecular Genetic Lab Testing | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants | Carelon | — |
| 81320 | Molecular Genetic Lab Testing | Plcg2 (Phospholipase C Gamma 2) (Eg Chronic Lymphocytic Leukemia) Gene Analysis Common Variants (Eg R665W S707F L845F) | Carelon | — |
| 81321 | Molecular Genetic Lab Testing | Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Full Sequence Analysis | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81322 | Molecular Genetic Lab Testing | Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Known Familial Variant | Carelon | — |
| 81323 | Molecular Genetic Lab Testing | Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Duplication/Deletion Variant | Carelon | — |
| 81324 | Molecular Genetic Lab Testing | Pmp22 (Peripheral Myelin Protein 22) (Eg Charcot-Marie-Tooth Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Duplication/Deletion Analysis | Carelon | — |
| 81325 | Molecular Genetic Lab Testing | Pmp22 (Peripheral Myelin Protein 22) (Eg Charcot-Marie-Tooth Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Full Sequence Analysis | Carelon | — |
| 81326 | Molecular Genetic Lab Testing | Pmp22 (Peripheral Myelin Protein 22) (Eg Charcot-Marie-Tooth Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Known Familial Variant | Carelon | — |
| 81327 | Molecular Genetic Lab Testing | Sept9 (Septin9) (Eg Colorectal Cancer) Promoter Methylation Analysis | Carelon | — |
| 81328 | Molecular Genetic Lab Testing | Slco1B1 (Solute Carrier Organic Anion Transporter Family Member 1B1) (Eg Adverse Drug Reaction) Gene Analysis Common Variant(S) (Eg *5) | Carelon | — |
| 81330 | Molecular Genetic Lab Testing | Smpd1 (Sphingomyelin Phosphodiesterase 1 Acid Lysosomal) (Eg Niemann-Pick Disease Type A) Gene Analysis Common Variants (Eg R496L L302P Fsp330) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81331 | Molecular Genetic Lab Testing | Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg Prader-Willi Syndrome And/Or Angelman Syndrome) Methylation Analysis | Carelon | — |
| 81332 | Molecular Genetic Lab Testing | Serpina1 (Serpine Peptidase Inhibitor Clade A Alpha-1 Antitrypsin Member 1) (Eg Alpha-1-Antitrypsin Deficiency) Gene Analysis Common Variants (Eg *S And *Z) | Carelon | — |
| 81333 | Molecular Genetic Lab Testing | Tgfbi (Transforming Growth Factor Beta-Induced) (Eg Corneal Dystrophy) Gene Analysis Common Variants (Eg R124H R124C R124L R555W R555Q) | Carelon | — |
| 81334 | Molecular Genetic Lab Testing | Runx1 (Runt Related Transcription Factor 1) (Eg Acute Myeloid Leukemia Familial Platelet Disorder With Associated Myeloid Malignancy) Gene Analysis Targeted Sequence Analysis (Eg Exons 3-8) | Carelon | — |
| 81335 | Molecular Genetic Lab Testing | Tpmt (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3) | Carelon | — |
| 81336 | Molecular Genetic Lab Testing | Smn1 (Survival Of Motor Neuron 1 Telomeric) (Eg Spinal Muscular Atrophy) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81337 | Molecular Genetic Lab Testing | Smn1 (Survival Of Motor Neuron 1 Telomeric) (Eg Spinal Muscular Atrophy) Gene Analysis; Known Familial Sequence Variant(S) | Carelon | — |
| 81338 | Molecular Genetic Lab Testing | Mpl (Mpl Proto-Oncogene Thrombopoietin Receptor) (Eg Myeloproliferative Disorder) Gene Analysis; Common Variants (Eg W515A W515K W515L W515R) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81339 | Molecular Genetic Lab Testing | Mpl (Mpl Proto-Oncogene Thrombopoietin Receptor) (Eg Myeloproliferative Disorder) Gene Analysis; Sequence Analysis Exon 10 | Carelon | — |
| 81340 | Molecular Genetic Lab Testing | Trb@ (T Cell Antigen Receptor Beta) (Eg Leukemia And Lymphoma) Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Using Amplification Methodology (Eg Polymerase Chain Reaction) | Carelon | — |
| 81341 | Molecular Genetic Lab Testing | Trb@ (T Cell Antigen Receptor Beta) (Eg Leukemia And Lymphoma) Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Using Direct Probe Methodology (Eg Southern Blot) | Carelon | — |
| 81342 | Molecular Genetic Lab Testing | Trg@ (T Cell Antigen Receptor Gamma) (Eg Leukemia And Lymphoma) Gene Rearrangement Analysis Evaluation To Detect Abnormal Clonal Population(S) | Carelon | — |
| 81343 | Molecular Genetic Lab Testing | Ppp2R2B (Protein Phosphatase 2 Regulatory Subunit Bbeta) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81344 | Molecular Genetic Lab Testing | Tbp (Tata Box Binding Protein) (Eg Spinocerebellar Ataxia) Gene Analysis Evaluation To Detect Abnormal (Eg Expanded) Alleles | Carelon | — |
| 81345 | Molecular Genetic Lab Testing | Tert (Telomerase Reverse Transcriptase) (Eg Thyroid Carcinoma Glioblastoma Multiforme) Gene Analysis Targeted Sequence Analysis (Eg Promoter Region) | Carelon | — |
| 81346 | Molecular Genetic Lab Testing | Tyms (Thymidylate Synthetase) (Eg 5-Fluorouracil/5-Fu Drug Metabolism) Gene Analysis Common Variant(S) (Eg Tandem Repeat Variant) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81347 | Molecular Genetic Lab Testing | Sf3B1 (Splicing Factor [3B] Subunit B1) (Eg Myelodysplastic Syndrome/Acute Myeloid Leukemia) Gene Analysis Common Variants (Eg A672T E622D L833F R625C R625L) | Carelon | — |
| 81348 | Molecular Genetic Lab Testing | Srsf2 (Serine And Arginine-Rich Splicing Factor 2) (Eg Myelodysplastic Syndrome Acute Myeloid Leukemia) Gene Analysis Common Variants (Eg P95H P95L) | Carelon | — |
| 81349 | Molecular Genetic Lab Testing | Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants Low-Pass Sequencing Analysis | Carelon | — |
| 81350 | Molecular Genetic Lab Testing | Ugt1A1 (Udp Glucuronosyltransferase 1 Family Polypeptide A1) (Eg Drug Metabolism Hereditary Unconjugated Hyperbilirubinemia [Gilbert Syndrome]) Gene Analysis Common Variants (Eg *28 *36 *37) | Carelon | — |
| 81351 | Molecular Genetic Lab Testing | Tp53 (Tumor Protein 53) (Eg Li-Fraumeni Syndrome) Gene Analysis; Full Gene Sequence | Carelon | — |
| 81352 | Molecular Genetic Lab Testing | Tp53 (Tumor Protein 53) (Eg Li-Fraumeni Syndrome) Gene Analysis; Targeted Sequence Analysis (Eg 4 Oncology) | Carelon | — |
| 81353 | Molecular Genetic Lab Testing | Tp53 (Tumor Protein 53) (Eg Li-Fraumeni Syndrome) Gene Analysis; Known Familial Variant | Carelon | — |
| 81355 | Molecular Genetic Lab Testing | Vkorc1 (Vitamin K Epoxide Reductase Complex Subunit 1) (Eg Warfarin Metabolism) Gene Analysis Common Variant(S) (Eg -1639G>A C.173+1000C>T) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81357 | Molecular Genetic Lab Testing | U2Af1 (U2 Small Nuclear Rna Auxiliary Factor 1) (Eg Myelodysplastic Syndrome Acute Myeloid Leukemia) Gene Analysis Common Variants (Eg S34F S34Y Q157R Q157P) | Carelon | — |
| 81360 | Molecular Genetic Lab Testing | Zrsr2 (Zinc Finger Ccch-Type Rna Binding Motif And Serine/Arginine-Rich 2) (Eg Myelodysplastic Syndrome Acute Myeloid Leukemia) Gene Analysis Common Variant(S) (Eg E65Fs E122Fs R448Fs) | Carelon | — |
| 81361 | Molecular Genetic Lab Testing | Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Common Variant(S) (Eg Hbs Hbc Hbe) | Carelon | — |
| 81362 | Molecular Genetic Lab Testing | Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Known Familial Variant(S) | Carelon | — |
| 81363 | Molecular Genetic Lab Testing | Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Duplication/Deletion Variant(S) | Carelon | — |
| 81364 | Molecular Genetic Lab Testing | Hbb (Hemoglobin Subunit Beta) (Eg Sickle Cell Anemia Beta Thalassemia Hemoglobinopathy); Full Gene Sequence | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81400 | Molecular Genetic Lab Testing | Molecular Pathology Procedure Level 1 (Eg Identification Of Single Germline Variant [Eg Snp] By Techniques Such As Restriction Enzyme Digestion Or Melt Curve Analysis) Acadm (Acyl-Coa Dehydrogenase C-4 To C-12 Straight Chain Mcad) (Eg Medium Chain Acyl Dehydrogenase Deficiency) K304E Variant Ace (Angiotensin Converting Enzyme) (Eg Hereditary Blood Pressure Regulation) Insertion/Deletion Variant Agtr1 (Angiotensin Ii Receptor Type 1) (Eg Essential Hypertension) 1166A>C Variant Bckdha (Branched Chain Keto Acid Dehydrogenase E1 Alpha Polypeptide) (Eg Maple Syrup Urine Disease Type 1A) Y438N Variant Ccr5 (Chemokine C-C Motif Receptor 5) (Eg Hiv Resistance) 32-Bp Deletion Mutation/794 825Del32 Deletion Clrn1 (Clarin 1) (Eg Usher Syndrome Type 3) N48K Variant F2 (Coagulation Factor 2) (Eg Hereditary Hypercoagulability) 1199G>A Variant F5 (Coagulation Factor V) (Eg Hereditary Hypercoagulability) Hr2 Variant F7 (Coagulation Factor Vii [Serum Prothrombin Conversion Accelerator]) (Eg Hereditary Hypercoagulability) R353Q Variant F13B (Coagulation Factor Xiii B Polypeptide) (Eg Hereditary Hypercoagulability) V34L Variant Fgb (Fibrinogen Beta Chain) (Eg Hereditary Ischemic Heart Disease) -455G>A Variant Fgfr1 (Fibroblast Growth Factor Receptor 1) (Eg Pfeiffer Syndrome Type 1 Craniosynostosis) P252R Variant Fgfr3 (Fibroblast Growth Factor Receptor 3) (Eg Muenke Syndrome) P250R Variant Fktn (Fukutin) (Eg Fukuyama Congenital Muscular Dystrophy) Retrotransposon Insertion Variant Gne (Glucosamine [Udp- | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81401 | Molecular Genetic Lab Testing | Molecular Pathology Procedure Level 2 (Eg 2-10 Snps 1 Methylated Variant Or 1 Somatic Variant [Typically Using Nonsequencing Target Variant Analysis] Or Detection Of A Dynamic Mutation Disorder/Triplet Repeat) Abcc8 (Atp-Binding Cassette Sub-Family C [Cftr/Mrp] Member 8) (Eg Familial Hyperinsulinism) Common Variants (Eg C.3898-9G>A [C.3992-9G>A] F1388Del) Abl1 (Abl Proto-Oncogene 1 Non-Receptor Tyrosine Kinase) (Eg Acquired Imatinib Resistance) T315I Variant Acadm (Acyl-CoA Dehydrogenase C-4 To C-12 Straight Chain Mcad) (Eg Medium Chain Acyl Dehydrogenase Deficiency) Commons Variants (Eg K304E Y42H) Adrb2 (Adrenergic Beta-2 Receptor Surface) (Eg Drug Metabolism) Common Variants (Eg G16R Q27E) Apob (Apolipoprotein B) (Eg Familial Hypercholesterolemia Type B) Common Variants (Eg R3500Q R3500W) Apoe (Apolipoprotein E) (Eg Hyperlipoproteinemia Type Iii Cardiovascular Disease Alzheimer Disease) Common Variants (Eg *2 *3 *4) Cbfb/Myh11 (Inv(16)) (Eg Acute Myeloid Leukemia) Qualitative And Quantitative If Performed Cbs (Cystathionine-Beta-Synthase) (Eg Homocystinuria Cystathionine Beta-Synthase Deficiency) Common Variants (Eg I278T G307S) Cfh/Arms2 (Complement Factor H/Age-Related Maculopathy Susceptibility 2) (Eg Macular Degeneration) Common Variants (Eg Y402H [Cfh] A69S [Arms2]) Dek/Nup214 (T(6;9)) (Eg Acute Myeloid Leukemia) Translocation Analysis Qualitative And Quantitative If Performed E2A/Pbx1 (T(1;19)) (Eg Acute Lymphocytic | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81402 | Molecular Genetic Lab Testing | <p>Molecular Pathology Procedure Level 3 (Eg >10 Snps 2-10 Methylated Variants Or 2-10 Somatic Variants [Typically Using Non-Sequencing Target Variant Analysis] Immunoglobulin And T-Cell Receptor Gene Rearrangements Duplication/Deletion Variants Of 1 Exon Loss Of Heterozygosity [Loh] Uniparental Disomy [Upd] Chromosome 1P-/19Q- (Eg Glial Tumors) Deletion Analysis Chromosome 18Q- (Eg D18S55 D18S58 D18S61 D18S64 And D18S69) (Eg Colon Cancer) Allelic Imbalance Assessment (Ie Loss Of Heterozygosity) Col1A1/Pdgfb (T(17;22)) (Eg Dermatofibrosarcoma Protuberans) Translocation Analysis Multiple Breakpoints Qualitative And Quantitative If Performed Cyp21A2 (Cytochrome P450 Family 21 Subfamily A Polypeptide 2) (Eg Congenital Adrenal Hyperplasia 21-Hydroxylase Deficiency) Common Variants (Eg Ivs2-13G P30L I172N Exon 6 Mutation Cluster [I235N V236E M238K] V281L L307Ffsx6 Q318X R356W P453S G110Vfsx21 30-Kb Deletion Variant) Esr1/Pgr (Receptor 1/Progesterone Receptor) Ratio (Eg Breast Cancer) Mefv (Mediterranean Fever) (Eg Familial Mediterranean Fever) Common Variants (Eg E148Q P369S F479L M680I I692Del M694V M694I K695R V726A A744S R761H) Trd@ (T Cell Antigen Receptor Delta) (Eg Leukemia And Lymphoma) Gene Rearrangement Analysis Evaluation To Detect Abnormal Clonal Population Uniparental Disomy (Upd) (Eg Russell-Silver Syndrome Prader-Willi/Angelman Syndrome) Short Tandem Repeat (Str) Analysis</p> | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81403 | Molecular Genetic Lab Testing | <p>Molecular Pathology Procedure Level 4 (Eg Analysis Of Single Exon By Dna Sequence Analysis Analysis Of >10 Amplicons Using Multiplex Pcr In 2 Or More Independent Reactions Mutation Scanning Or Duplication/Deletion Variants Of 2-5 Exons) Ang (Angiogenin Ribonuclease Rnase A Family 5) (Eg Amyotrophic Lateral Sclerosis) Full Gene Sequence Arx (Aristaless Related Homeobox) (Eg X-Linked Lissencephaly With Ambiguous Genitalia X-Linked Intellectual Disability) Duplication/Deletion Analysis Cel (Carboxyl Ester Lipase [Bile Salt-Stimulated Lipase]) (Eg Maturity-Onset Diabetes Of The Young [Mody]) Targeted Sequence Analysis Of Exon 11 (Eg C.1785Delc C.1686Delt) Ctnnb1 (Catenin [Cadherin-Associated Protein] Beta 1 88Kda) (Eg Desmoid Tumors) Targeted Sequence Analysis (Eg Exon 3) Daz/Sry (Deleted In Azoospermia And Sex Determining Region Y) (Eg Male Infertility) Common Deletions (Eg Azfa Azfb Azfc Azfd) Dnmt3A (Dna [Cytosine-5]-Methyltransferase 3 Alpha) (Eg Acute Myeloid Leukemia) Targeted Sequence Analysis (Eg Exon 23) Epcam (Epithelial Cell Adhesion Molecule) (Eg Lynch Syndrome) Duplication/Deletion Analysis F8 (Coagulation Factor Viii) (Eg Hemophilia A) Inversion Analysis Intron 1 And Intron 22A F12 (Coagulation Factor Xii [Hageman Factor]) (Eg Angioedema Hereditary Type Iii; Factor Xii Deficiency) Targeted Sequence Analysis Of Exon 9 Fgfr3 (Fibroblast Growth Factor Receptor 3) (Eg Isolated Craniosynostosis) Targeted Sequence Analysis (Eg Exon 7) (For Targeted Sequence Analysis Of Multiple Fgfr3 Exons Use 81404) Gib1</p> | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81404 | Molecular Genetic Lab Testing | <p>Molecular Pathology Procedure Level 5 (Eg Analysis Of 2-5 Exons By Dna Sequence Analysis Mutation Scanning Or Duplication/Deletion Variants Of 6-10 Exons Or Characterization Of A Dynamic Mutation Disorder/Triples Repeat By Southern Blot Analysis) Acads (Acyl-CoA Dehydrogenase C-2 To C-3 Short Chain) (Eg Short Chain Acyl-CoA Dehydrogenase Deficiency) Targeted Sequence Analysis (Eg Exons 5 And 6) Aqp2 (Aquaporin 2 [Collecting Duct]) (Eg Nephrogenic Diabetes Insipidus) Full Gene Sequence Arx (Aristaless Related Homeobox) (Eg X-Linked Lissencephaly With Ambiguous Genitalia X-Linked Intellectual Disability) Full Gene Sequence Avpr2 (Arginine Vasopressin Receptor 2) (Eg Nephrogenic Diabetes Insipidus) Full Gene Sequence Bbs10 (Bardet-Biedl Syndrome 10) (Eg Bardet-Biedl Syndrome) Full Gene Sequence Btd (Biotinidase) (Eg Biotinidase Deficiency) Full Gene Sequence C10orf2 (Chromosome 10 Open Reading Frame 2) (Eg Mitochondrial Dna Depletion Syndrome) Full Gene Sequence Cav3 (Caveolin 3) (Eg Cav3-Related Distal Myopathy Limb-Girdle Muscular Dystrophy Type 1C) Full Gene Sequence Cd40lg (Cd40 Ligand) (Eg X-Linked Hyper IgM Syndrome) Full Gene Sequence Cdkn2a (Cyclin-Dependent Kinase Inhibitor 2A) (Eg Cdkn2a-Related Cutaneous Malignant Melanoma Familial Atypical Mole-Malignant Melanoma Syndrome) Full Gene Sequence Clrn1 (Clarin 1) (Eg Usher Syndrome Type 3) Full Gene Sequence Cox6b1 (Cytochrome C Oxidase Subunit Vb Polypeptide 1) (Eg Mitochondrial Respiratory Chain Complex</p> | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81405 | Molecular Genetic Lab Testing | Molecular Pathology Procedure Level 6 (Eg Analysis Of 6-10 Exons By Dna Sequence Analysis Mutation Scanning Or Duplication/Deletion Variants Of 11-25 Exons Regionally Targeted Cytogenomic Array Analysis) Abcd1 (Atp-Binding Cassette Sub-Family D [Ald] Member 1) (Eg Adrenoleukodystrophy) Full Gene Sequence Acads (Acyl-Coa Dehydrogenase C-2 To C-3 Short Chain) (Eg Short Chain Acyl-Coa Dehydrogenase Deficiency) Full Gene Sequence Acta2 (Actin Alpha 2 Smooth Muscle Aorta) (Eg Thoracic Aortic Aneurysms And Aortic Dissections) Full Gene Sequence Actc1 (Actin Alpha Cardiac Muscle 1) (Eg Familial Hypertrophic Cardiomyopathy) Full Gene Sequence Ankrd1 (Ankyrin Repeat Domain 1) (Eg Dilated Cardiomyopathy) Full Gene Sequence Aptx (Aprataxin) (Eg Ataxia With Oculomotor Apraxia 1) Full Gene Sequence Arsa (Arylsulfatase A) (Eg Arylsulfatase A Deficiency) Full Gene Sequence Bckdha (Branched Chain Keto Acid Dehydrogenase E1 Alpha Polypeptide) (Eg Maple Syrup Urine Disease Type 1A) Full Gene Sequence Bcs1L (Bcs1-Like [S. Cerevisiae]) (Eg Leigh Syndrome Mitochondrial Complex Iii Deficiency Gracile Syndrome) Full Gene Sequence Bmpr2 (Bone Morphogenetic Protein Receptor Type Ii [Serine/Threonine Kinase]) (Eg Heritable Pulmonary Arterial Hypertension) Duplication/Deletion Analysis Casq2 (Calsequestrin 2 [Cardiac Muscle]) (Eg Catecholaminergic Polymorphic Ventricular Tachycardia) Full Gene Sequence Casr (Calcium-Sensing Receptor) (Eg Hypocalcemia) Full Gene | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81406 | Molecular Genetic Lab Testing | Molecular Pathology Procedure Level 7 (Eg Analysis Of 11-25 Exons By Dna Sequence Analysis Mutation Scanning Or Duplication/Deletion Variants Of 26-50 Exons) Acadvl (Acyl-CoA Dehydrogenase Very Long Chain) (Eg Very Long Chain Acyl-Coenzyme A Dehydrogenase Deficiency) Full Gene Sequence Actn4 (Actinin Alpha 4) (Eg Focal Segmental Glomerulosclerosis) Full Gene Sequence Afg3L2 (Afg3 Atpase Family Gene 3-Like 2 [S. Cerevisiae]) (Eg Spinocerebellar Ataxia) Full Gene Sequence Aire (Autoimmune Regulator) (Eg Autoimmune Polyendocrinopathy Syndrome Type 1) Full Gene Sequence Aldh7A1 (Aldehyde Dehydrogenase 7 Family Member A1) (Eg Pyridoxine-Dependent Epilepsy) Full Gene Sequence Ano5 (Anoctamin 5) (Eg Limb-Girdle Muscular Dystrophy) Full Gene Sequence Anos1 (Anosmin-1) (Eg Kallmann Syndrome 1) Full Gene Sequence App (Amyloid Beta [A4] Precursor Protein) (Eg Alzheimer Disease) Full Gene Sequence Ass1 (Argininosuccinate Synthase 1) (Eg Citrullinemia Type I) Full Gene Sequence At11 (Atlantin Gtpase 1) (Eg Spastic Paraplegia) Full Gene Sequence Atp1A2 (Atpase Na+/K+ Transporting Alpha 2 Polypeptide) (Eg Familial Hemiplegic Migraine) Full Gene Sequence Atp7B (Atpase Cu++ Transporting Beta Polypeptide) (Eg Wilson Disease) Full Gene Sequence Bbs1 (Bardet-Biedl Syndrome 1) (Eg Bardet-Biedl Syndrome) Full Gene Sequence Bbs2 (Bardet-Biedl Syndrome 2) (Eg Bardet-Biedl Syndrome) Full Gene Sequence Bckdhd (Branched-Chain Keto Acid Dehydrogenase E1 Beta Polypeptide) (Eg Maple Syrup Urine | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81407 | Molecular Genetic Lab Testing | Molecular Pathology Procedure Level 8 (Eg Analysis Of 26-50 Exons By Dna Sequence Analysis Mutation Scanning Or Duplication/Deletion Variants Of >50 Exons Sequence Analysis Of Multiple Genes On One Platform) Abcc8 (Atp-Binding Cassette Sub-Family C [Cftr/Mrp] Member 8) (Eg Familial Hyperinsulinism) Full Gene Sequence Agl (Amylo-Alpha-1 6-Glucosidase 4-Alpha-Glucanotransferase) (Eg Glycogen Storage Disease Type Iii) Full Gene Sequence Ahi1 (Abelson Helper Integration Site 1) (Eg Joubert Syndrome) Full Gene Sequence Apob (Apolipoprotein B) (Eg Familial Hypercholesterolemia Type B) Full Gene Sequence Aspm (Asp [Abnormal Spindle] Homolog Microcephaly Associated [Drosophila]) (Eg Primary Microcephaly) Full Gene Sequence Chd7 (Chromodomain Helicase Dna Binding Protein 7) (Eg Charge Syndrome) Full Gene Sequence Col4A4 (Collagen Type Iv Alpha 4) (Eg Alport Syndrome) Full Gene Sequence Col4A5 (Collagen Type Iv Alpha 5) (Eg Alport Syndrome) Duplication/Deletion Analysis Col6A1 (Collagen Type Vi Alpha 1) (Eg Collagen Type Vi-Related Disorders) Full Gene Sequence Col6A2 (Collagen Type Vi Alpha 2) (Eg Collagen Type Vi-Related Disorders) Full Gene Sequence Col6A3 (Collagen Type Vi Alpha 3) (Eg Collagen Type Vi-Related Disorders) Full Gene Sequence Crebbp (Creb Binding Protein) (Eg Rubinstein-Taybi Syndrome) Full Gene Sequence F8 (Coagulation Factor Viii) (Eg Hemophilia A) Full Gene Sequence Jag1 (Jagged 1) (Eg Alagille Syndrome) Full Gene Sequence Kdm5C (Lysine Demethylase 5C) (Eg X-Linked | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81408 | Molecular Genetic Lab Testing | Molecular Pathology Procedure Level 9 (Eg Analysis Of >50 Exons In A Single Gene By Dna Sequence Analysis) Abca4 (Atp-Binding Cassette Sub-Family A [Abc1] Member 4) (Eg Stargardt Disease Age-Related Macular Degeneration) Full Gene Sequence Atm (Ataxia Telangiectasia Mutated) (Eg Ataxia Telangiectasia) Full Gene Sequence Cdh23 (Cadherin-Related 23) (Eg Usher Syndrome Type 1) Full Gene Sequence Cep290 (Centrosomal Protein 290Kda) (Eg Joubert Syndrome) Full Gene Sequence Col1A1 (Collagen Type I Alpha 1) (Eg Osteogenesis Imperfecta Type I) Full Gene Sequence Col1A2 (Collagen Type I Alpha 2) (Eg Osteogenesis Imperfecta Type I) Full Gene Sequence Col4A1 (Collagen Type Iv Alpha 1) (Eg Brain Small-Vessel Disease With Hemorrhage) Full Gene Sequence Col4A3 (Collagen Type Iv Alpha 3 [Goodpasture Antigen]) (Eg Alport Syndrome) Full Gene Sequence Col4A5 (Collagen Type Iv Alpha 5) (Eg Alport Syndrome) Full Gene Sequence Dmd (Dystrophin) (Eg Duchenne/Becker Muscular Dystrophy) Full Gene Sequence Dysf (Dysferlin Limb Girdle Muscular Dystrophy 2B [Autosomal Recessive]) (Eg Limb-Girdle Muscular Dystrophy) Full Gene Sequence Fbn1 (Fibrillin 1) (Eg Marfan Syndrome) Full Gene Sequence Itpr1 (Inositol 1 4 5-Trisphosphate Receptor Type 1) (Eg Spinocerebellar Ataxia) Full Gene Sequence Lama2 (Laminin Alpha 2) (Eg Congenital Muscular Dystrophy) Full Gene Sequence Lrrk2 (Leucine-Rich Repeat Kinase 2) (Eg Parkinson Disease) Full Gene Sequence Mvh11 (Myosin Heavy Chain 11 Smooth | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81410 | Molecular Genetic Lab Testing | Aortic Dysfunction Or Dilation (Eg Marfan Syndrome Loeys Dietz Syndrome Ehler Danlos Syndrome Type Iv Arterial Tortuosity Syndrome); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 9 Genes Including Fbn1 Tgfr1 Tgfr2 Col3A1 Myh11 Acta2 Slc2A10 Smad3 And Mylk | Carelon | – |
| 81411 | Molecular Genetic Lab Testing | Aortic Dysfunction Or Dilation (Eg Marfan Syndrome Loeys Dietz Syndrome Ehler Danlos Syndrome Type Iv Arterial Tortuosity Syndrome); Duplication/Deletion Analysis Panel Must Include Analyses For Tgfr1 Tgfr2 Myh11 And Col3A1 | Carelon | – |
| 81412 | Molecular Genetic Lab Testing | Ashkenazi Jewish Associated Disorders (Eg Bloom Syndrome Canavan Disease Cystic Fibrosis Familial Dysautonomia Fanconi Anemia Group C Gaucher Disease Tay-Sachs Disease) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 9 Genes Including Aspa Blm Cftr Fancc Gba Hexa Ikbkap Mcoln1 And Smpd1 | Carelon | – |
| 81413 | Molecular Genetic Lab Testing | Cardiac Ion Channelopathies (Eg Brugada Syndrome Long Qt Syndrome Short Qt Syndrome Catecholaminergic Polymorphic Ventricular Tachycardia); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 10 Genes Including Ank2 Casq2 Cav3 Kcne1 Kcne2 Kcnh2 Kcnj2 Kcnq1 Ryr2 And Scn5A | Carelon | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81414 | Molecular Genetic Lab Testing | Cardiac Ion Channelopathies (Eg Brugada Syndrome Long Qt Syndrome Short Qt Syndrome Catecholaminergic Polymorphic Ventricular Tachycardia); Duplication/Deletion Gene Analysis Panel Must Include Analysis Of At Least 2 Genes Including Kcnh2 And Kcnq1 | Carelon | — |
| 81415 | Molecular Genetic Lab Testing | Exome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis | Carelon | — |
| 81416 | Molecular Genetic Lab Testing | Exome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis Each Comparator Exome (Eg Parents Siblings) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 81417 | Molecular Genetic Lab Testing | Exome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Exome Sequence (Eg Updated Knowledge Or Unrelated Condition/Syndrome) | Carelon | — |
| 81418 | Molecular Genetic Lab Testing | Drug Metabolism (Eg Pharmacogenomics) Genomic Sequence Analysis Panel Must Include Testing Of At Least 6 Genes Including Cyp2C19 Cyp2D6 And Cyp2D6 Duplication/Deletion Analysis | Carelon | — |
| 81419 | Molecular Genetic Lab Testing | Epilepsy Genomic Sequence Analysis Panel Must Include Analyses For Aldh7A1 Cacna1A Cdkl5 Chd2 Gabrg2 Grin2A Kcnq2 Mecp2 Pcdh19 Polg Prrt2 Scn1A Scn1B Scn2A Scn8A Slc2A1 Slc9A6 Stxbp1 Syngap1 Tcf4 Tpp1 Tsc1 Tsc2 And Zeb2 | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81422 | Molecular Genetic Lab Testing | Fetal Chromosomal Microdeletion(S) Genomic Sequence Analysis (Eg Digeorge Syndrome Cri-Du-Chat Syndrome) Circulating Cell-Free Fetal Dna In Maternal Blood | Carelon | — |
| 81425 | Molecular Genetic Lab Testing | Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis | Carelon | — |
| 81426 | Molecular Genetic Lab Testing | Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis Each Comparator Genome (Eg Parents Siblings) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 81427 | Molecular Genetic Lab Testing | Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Genome Sequence (Eg Updated Knowledge Or Unrelated Condition/Syndrome) | Carelon | — |
| 81430 | Molecular Genetic Lab Testing | Hearing Loss (Eg Nonsyndromic Hearing Loss Usher Syndrome Pendred Syndrome); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 60 Genes Including Cdh23 Clrn1 Gjb2 Gpr98 Mtrnr1 Myo7A Myo15A Pcdh15 Otof Slc26A4 Tmc1 Tmprss3 Ush1C Ush1G Ush2A And Wfs1 | Carelon | — |
| 81431 | Molecular Genetic Lab Testing | Hearing Loss (Eg Nonsyndromic Hearing Loss Usher Syndrome Pendred Syndrome); Duplication/Deletion Analysis Panel Must Include Copy Number Analyses For Strc And Dfnb1 Deletions In Gjb2 And Gjb6 Genes | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 81432 | Molecular Genetic Lab Testing | Hereditary Breast Cancer-Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 10 Genes Always Including Brca1 Brca2 Cdh1 Mlh1 Msh2 Msh6 Palb2 Pten Stk11 And Tp53 | Carelon | — |
| 81433 | Molecular Genetic Lab Testing | Hereditary Breast Cancer-Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer); Duplication/Deletion Analysis Panel Must Include Analyses For Brca1 Brca2 Mlh1 Msh2 And Stk11 | Carelon | Retire Effective 04/01/2025 |
| 81434 | Molecular Genetic Lab Testing | Hereditary Retinal Disorders (Eg Retinitis Pigmentosa Leber Congenital Amaurosis Cone-Rod Dystrophy) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 15 Genes Including Abca4 Cnga1 Crb1 Eys Pde6A Pde6B Prpf31 Prph2 Rdh12 Rho Rp1 Rp2 Rpe65 Rpgrr And Ush2A | Carelon | — |
| 81435 | Molecular Genetic Lab Testing | Hereditary Colon Cancer Disorders (Eg Lynch Syndrome Pten Hamartoma Syndrome Cowden Syndrome Familial Adenomatosis Polyposis); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 10 Genes Including Apc Bmpr1A Cdh1 Mlh1 Msh2 Msh6 Mutyh Pten Smad4 And Stk11 | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 81436 | Molecular Genetic Lab Testing | Hereditary Colon Cancer Disorders (Eg Lynch Syndrome Pten Hamartoma Syndrome Cowden Syndrome Familial Adenomatosis Polyposis); Duplication/Deletion Analysis Panel Must Include Analysis Of At Least 5 Genes Including Mlh1 Msh2 Epcam Smad4 And Stk11 | Carelon | Retire Effective 04/01/2025 |
| 81437 | Molecular Genetic Lab Testing | Hereditary Neuroendocrine Tumor Disorders (Eg Medullary Thyroid Carcinoma Parathyroid Carcinoma Malignant Pheochromocytoma Or Paraganglioma); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 6 Genes Including Max Sdhb Sdhc Sdhc Sdhc Tmem127 And Vhl | Carelon | — |
| 81438 | Molecular Genetic Lab Testing | Hereditary Neuroendocrine Tumor Disorders (Eg Medullary Thyroid Carcinoma Parathyroid Carcinoma Malignant Pheochromocytoma Or Paraganglioma); Duplication/Deletion Analysis Panel Must Include Analyses For Sdhb Sdhc Sdhc And Vhl | Carelon | Retire Effective 04/01/2025 |
| 81439 | Molecular Genetic Lab Testing | Hereditary Cardiomyopathy (Eg Hypertrophic Cardiomyopathy Dilated Cardiomyopathy Arrhythmogenic Right Ventricular Cardiomyopathy) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 5 Cardiomyopathy-Related Genes (Eg Dsg2 Mybpc3 Myh7 Pkp2 Ttn) | Carelon | — |
| 81440 | Molecular Genetic Lab Testing | Nuclear Encoded Mitochondrial Genes (Eg Neurologic Or Myopathic Phenotypes) Genomic Sequence Panel Must Include Analysis Of At Least 100 Genes Including Bcs1L C10orf2 Coq2 Cox10 Dguok Mpv17 Opa1 Pdss2 Polg Polg2 Rrm2B Sco1 Sco2 Slc25A4 Sucla2 Suclg1 Taz Tk2 And Tymp | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81441 | Molecular Genetic Lab Testing | Inherited Bone Marrow Failure Syndromes (Ibmfs) (Eg Fanconi Anemia Dyskeratosis Congenita Diamond-Blackfan Anemia Shwachman-Diamond Syndrome Gata2 Deficiency Syndrome Congenital Amegakaryocytic Thrombocytopenia) Sequence Analysis Panel Must Include Sequencing Of At Least 30 Genes Including Brca2 Brip1 Dkc1 Fanca Fancb Fance Fancd2 Fancf Fancg Fanci Fanc1 Gata1 Gata2 Mpl Nhp2 Nop10 Palb2 Rad51C Rpl11 Rpl35A Rpl5 Rps10 Rps19 Rps24 Rps26 Rps7 Sbds Tert And Tinf2 | Carelon | — |
| 81442 | Molecular Genetic Lab Testing | Noonan Spectrum Disorders (Eg Noonan Syndrome Cardio-Facio-Cutaneous Syndrome Costello Syndrome Leopard Syndrome Noonan-Like Syndrome) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 12 Genes Including Braf Cbl Hras Kras Map2K1 Map2K2 Nras Ptpn11 Raf1 Rit1 Shoc2 And Sos1 | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81443 | Molecular Genetic Lab Testing | Genetic Testing For Severe Inherited Conditions (Eg Cystic Fibrosis Ashkenazi Jewish-Associated Disorders [Eg Bloom Syndrome Canavan Disease Fanconi Anemia Type C Mucopolidosis Type Vi Gaucher Disease Tay-Sachs Disease] Beta Hemoglobinopathies Phenylketonuria Galactosemia) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 15 Genes (Eg Acadm Arsa Aspa Atp7B Bckdha Bckdha Bim Cfr Dhcr7 Fancc G6Pc Gaa Galt Gba Gbe1 Hbb Hexa Ikbkap Mcoln1 Pah) | Carelon | — |
| 81445 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements If Performed; Dna Analysis Or Combined Dna And Rna Analysis | Carelon | — |
| 81448 | Molecular Genetic Lab Testing | Hereditary Peripheral Neuropathies (Eg Charcot-Marie-Tooth Spastic Paraplegia) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 5 Peripheral Neuropathy-Related Genes (Eg Bcl2 Gjb1 Mfn2 Mpz Reep1 Spast Spg11 Sptlc1) | Carelon | — |
| 81449 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements If Performed; Rna Analysis | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81450 | Molecular Genetic Lab Testing | Hematolymphoid Neoplasm Or Disorder Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Dna Analysis Or Combined Dna And Rna Analysis | Carelon | — |
| 81451 | Molecular Genetic Lab Testing | Hematolymphoid Neoplasm Or Disorder Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Rna Analysis | Carelon | — |
| 81455 | Molecular Genetic Lab Testing | Solid Organ Or Hematolymphoid Neoplasm Or Disorder 51 Or Greater Genes Genomic Sequence Analysis Panel Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Dna Analysis Or Combined Dna And Rna Analysis | Carelon | — |
| 81456 | Molecular Genetic Lab Testing | Solid Organ Or Hematolymphoid Neoplasm Or Disorder 51 Or Greater Genes Genomic Sequence Analysis Panel Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements Or Isoform Expression Or Mrna Expression Levels If Performed; Rna Analysis | Carelon | — |
| 81457 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel Interrogation For Sequence Variants; Dna Analysis Microsatellite Instability | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81458 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel Interrogation For Sequence Variants; Dna Analysis Copy Number Variants And Microsatellite Instability | Carelon | — |
| 81459 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants Microsatellite Instability Tumor Mutation Burden And Rearrangements | Carelon | — |
| 81460 | Molecular Genetic Lab Testing | Whole Mitochondrial Genome (Eg Leigh Syndrome Mitochondrial Encephalomyopathy Lactic Acidosis And Stroke-Like Episodes [Melas] Myoclonic Epilepsy With Ragged-Red Fibers [Merff] Neuropathy Ataxia And Retinitis Pigmentosa [Narp] Leber Hereditary Optic Neuropathy [Lhon]) Genomic Sequence Must Include Sequence Analysis Of Entire Mitochondrial Genome With Heteroplasmy Detection | Carelon | — |
| 81462 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants And Rearrangements | Carelon | — |
| 81463 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Copy Number Variants And Microsatellite Instability | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81464 | Molecular Genetic Lab Testing | Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants Microsatellite Instability Tumor Mutation Burden And Rearrangements | Carelon | — |
| 81465 | Molecular Genetic Lab Testing | Whole Mitochondrial Genome Large Deletion Analysis Panel (Eg Kearns-Sayre Syndrome Chronic Progressive External Ophthalmoplegia) Including Heteroplasmy Detection If Performed | Carelon | — |
| 81470 | Molecular Genetic Lab Testing | X-Linked Intellectual Disability (Xlid) (Eg Syndromic And Non-Syndromic Xlid); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 60 Genes Including Arx Atrx Cdkl5 Fgd1 Fmr1 Huwe1 Il1Rap1 Kdm5C L1Cam Mecp2 Med12 Mid1 Ocr1 Rps6Ka3 And Slc16A2 | Carelon | — |
| 81471 | Molecular Genetic Lab Testing | X-Linked Intellectual Disability (Xlid) (Eg Syndromic And Non-Syndromic Xlid); Duplication/Deletion Gene Analysis Must Include Analysis Of At Least 60 Genes Including Arx Atrx Cdkl5 Fgd1 Fmr1 Huwe1 Il1Rap1 Kdm5C L1Cam Mecp2 Med12 Mid1 Ocr1 Rps6Ka3 And Slc16A2 | Carelon | — |
| 81479 | Molecular Genetic Lab Testing | Unlisted Molecular Pathology Procedure | Carelon | — |
| 81493 | Molecular Genetic Lab Testing | Coronary Artery Disease Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 23 Genes Utilizing Whole Peripheral Blood Algorithm Reported As A Risk Score | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 81504 | Molecular Genetic Lab Testing | Oncology (Tissue Of Origin) Microarray Gene Expression Profiling Of > 2000 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Tissue Similarity Scores | Carelon | — |
| 81518 | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 11 Genes (7 Content And 4 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithms Reported As Percentage Risk For Metastatic Recurrence And Likelihood Of Benefit From Extended Endocrine Therapy | Carelon | — |
| 81519 | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 21 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Recurrence Score | Carelon | — |
| 81520 | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Gene Expression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Recurrence Risk Score | Carelon | — |
| 81521 | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Microarray Gene Expression Profiling Of 70 Content Genes And 465 Housekeeping Genes Utilizing Fresh Frozen Or Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Index Related To Risk Of Distant Metastasis | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81522 | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Gene Expression Profiling By Rt-Pcr Of 12 Genes (8 Content And 4 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Recurrence Risk Score | Carelon | — |
| 81523 | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Next-Generation Sequencing Gene Expression Profiling Of 70 Content Genes And 31 Housekeeping Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Index Related To Risk To Distant Metastasis | Carelon | — |
| 81525 | Molecular Genetic Lab Testing | Oncology (Colon) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 12 Genes (7 Content And 5 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Recurrence Score | Carelon | — |
| 81529 | Molecular Genetic Lab Testing | Oncology (Cutaneous Melanoma) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 31 Genes (28 Content And 3 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Recurrence Risk Including Likelihood Of Sentinel Lymph Node Metastasis | Carelon | — |
| 81540 | Molecular Genetic Lab Testing | Oncology (Tumor Of Unknown Origin) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Probability Of A Predicted Main Cancer Type And Subtype | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 81541 | Molecular Genetic Lab Testing | Oncology (Prostate) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 46 Genes (31 Content And 15 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Disease-Specific Mortality Risk Score | Carelon | — |
| 81542 | Molecular Genetic Lab Testing | Oncology (Prostate) Mrna Microarray Gene Expression Profiling Of 22 Content Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Metastasis Risk Score | Carelon | — |
| 81546 | Molecular Genetic Lab Testing | Oncology (Thyroid) Mrna Gene Expression Analysis Of 10 196 Genes Utilizing Fine Needle Aspirate Algorithm Reported As A Categorical Result (Eg Benign Or Suspicious) | Carelon | — |
| 81551 | Molecular Genetic Lab Testing | Oncology (Prostate) Promoter Methylation Profiling By Real-Time Pcr Of 3 Genes (Gstp1 Apc Rassf1) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Likelihood Of Prostate Cancer Detection On Repeat Biopsy | Carelon | — |
| 81554 | Molecular Genetic Lab Testing | Pulmonary Disease (Idiopathic Pulmonary Fibrosis [Ipf]) Mrna Gene Expression Analysis Of 190 Genes Utilizing Transbronchial Biopsies Diagnostic Algorithm Reported As Categorical Result (Eg Positive Or Negative For High Probability Of Usual Interstitial Pneumonia [Uip]) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|--------------------------|
| 81558 | Molecular Genetic Lab Testing | Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection | Carelon | Add effective 04/01/2025 |
| 81595 | Molecular Genetic Lab Testing | Cardiology (Heart Transplant) Mrna Gene Expression Profiling By Real-Time Quantitative Pcr Of 20 Genes (11 Content And 9 Housekeeping) Utilizing Subfraction Of Peripheral Blood Algorithm Reported As A Rejection Risk Score | Carelon | — |
| 0001U | Molecular Genetic Lab Testing | Red Blood Cell Antigen Typing Dna Human Erythrocyte Antigen Gene Analysis Of 35 Antigens From 11 Blood Groups Utilizing Whole Blood Common Rbc Alleles Reported | Carelon | — |
| 0004M | Molecular Genetic Lab Testing | Scoliosis Dna Analysis Of 53 Single Nucleotide Polymorphisms (Snps) Using Saliva Prognostic Algorithm Reported As A Risk Score | Carelon | — |
| 0005U | Molecular Genetic Lab Testing | Oncology (Prostate) Gene Expression Profile By Real-Time Rt-Pcr Of 3 Genes (Erg Pca3 And Spdef) Urine Algorithm Reported As Risk Score | Carelon | — |
| 0006M | Molecular Genetic Lab Testing | Oncology (Hepatic) Mrna Expression Levels Of 161 Genes Utilizing Fresh Hepatocellular Carcinoma Tumor Tissue With Alpha-Fetoprotein Level Algorithm Reported As A Risk Classifier | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0007M | Molecular Genetic Lab Testing | Oncology (Gastrointestinal Neuroendocrine Tumors) Real-Time Pcr Expression Analysis Of 51 Genes Utilizing Whole Peripheral Blood Algorithm Reported As A Nomogram Of Tumor Disease Index | Carelon | — |
| 0011M | Molecular Genetic Lab Testing | Oncology Prostate Cancer Mrna Expression Assay Of 12 Genes (10 Content And 2 Housekeeping) Rt-Pcr Test Utilizing Blood Plasma And Urine Algorithms To Predict High-Grade Prostate Cancer Risk | Carelon | — |
| 0012M | Molecular Genetic Lab Testing | Oncology (Urothelial) Mrna Gene Expression Profiling By Real-Time Quantitative Pcr Of Five Genes (Mdk Hoxa13 Cdc2 [Cdk1] Igfbp5 And Cxcr2) Utilizing Urine Algorithm Reported As A Risk Score For Having Urothelial Carcinoma | Carelon | — |
| 0013M | Molecular Genetic Lab Testing | Oncology (Urothelial) Mrna Gene Expression Profiling By Real-Time Quantitative Pcr Of Five Genes (Mdk Hoxa13 Cdc2 [Cdk1] Igfbp5 And Cxcr2) Utilizing Urine Algorithm Reported As A Risk Score For Having Recurrent Urothelial Carcinoma | Carelon | — |
| 0016M | Molecular Genetic Lab Testing | Oncology (Bladder) Mrna Microarray Gene Expression Profiling Of 219 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Molecular Subtype (Luminal Luminal Infiltrated Basal Basal Claudin-Low Neuroendocrine-Like) | Carelon | — |
| 0016U | Molecular Genetic Lab Testing | Oncology (Hematolymphoid Neoplasia) Rna Bcr/Abl1 Major And Minor Breakpoint Fusion Transcripts Quantitative Pcr Amplification Blood Or Bone Marrow Report Of Fusion Not Detected Or Detected With Quantitation | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0017M | Molecular Genetic Lab Testing | Oncology (Diffuse Large B-Cell Lymphoma [DLBCL]) Mrna Gene Expression Profiling By Fluorescent Probe Hybridization Of 20 Genes Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Cell Of Origin | Carelon | — |
| 0017U | Molecular Genetic Lab Testing | Oncology (Hematolymphoid Neoplasia) Jak2 Mutation Dna Pcr Amplification Of Exons 12-14 And Sequence Analysis Blood Or Bone Marrow Report Of Jak2 Mutation Not Detected Or Detected | Carelon | — |
| 0018U | Molecular Genetic Lab Testing | Oncology (Thyroid) Microrna Profiling By Rt-Pcr Of 10 Microrna Sequences Utilizing Fine Needle Aspirate Algorithm Reported As A Positive Or Negative Result For Moderate To High Risk Of Malignancy | Carelon | — |
| 0019U | Molecular Genetic Lab Testing | Oncology Rna Gene Expression By Whole Transcriptome Sequencing Formalin-Fixed Paraffin Embedded Tissue Or Fresh Frozen Tissue Predictive Algorithm Reported As Potential Targets For Therapeutic Agents | Carelon | — |
| 0020M | Molecular Genetic Lab Testing | Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass | Carelon | — |
| 0022U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Nonsmall Cell Lung Neoplasia Dna And Rna Analysis 23 Genes Interrogation For Sequence Variants And Rearrangements Reported As Presence/- Or Absence Of Variants And Associated Therapy(ies) To Consider | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0023U | Molecular Genetic Lab Testing | Oncology (Acute Myelogenous Leukemia) Dna Genotyping Of Internal Tandem Duplication P.D835 P.I836 Using Mononuclear Cells Reported As Detection Or Non-Detection Of Flt3 Mutation And Indication For Or Against The Use Of Midostaurin | Carelon | — |
| 0026U | Molecular Genetic Lab Testing | Oncology (Thyroid) Dna And Mrna Of 112 Genes Next-Generation Sequencing Fine Needle Aspirate Of Thyroid Nodule Algorithmic Analysis Reported As A Categorical Result (Positive High Probability Of Malignancy Or Negative Low Probability Of Malignancy) | Carelon | — |
| 0027U | Molecular Genetic Lab Testing | Jak2 (Janus Kinase 2) (Eg Myeloproliferative Disorder) Gene Analysis Targeted Sequence Analysis Exons 12-15 | Carelon | — |
| 0029U | Molecular Genetic Lab Testing | Drug Metabolism (Adverse Drug Reactions And Drug Response) Targeted Sequence Analysis (Ie Cyp1A2 Cyp2C19 Cyp2C9 Cyp2D6 Cyp3A4 Cyp3A5 Cyp4F2 Slco1B1 Vkorc1 And Rs12777823) | Carelon | — |
| 0030U | Molecular Genetic Lab Testing | Drug Metabolism (Warfarin Drug Response) Targeted Sequence Analysis (Ie Cyp2C9 Cyp4F2 Vkorc1 Rs12777823) | Carelon | — |
| 0031U | Molecular Genetic Lab Testing | Cyp1A2 (Cytochrome P450 Family 1 Subfamily A Member 2)(Eg Drug Metabolism) Gene Analysis Common Variants (Ie *1F *1K *6 *7) | Carelon | — |
| 0032U | Molecular Genetic Lab Testing | Comt (Catechol-O-Methyltransferase)(Drug Metabolism) Gene Analysis C.472G>A (Rs4680) Variant | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0033U | Molecular Genetic Lab Testing | Htr2A (5-Hydroxytryptamine Receptor 2A) Htr2C (5-Hydroxytryptamine Receptor 2C) (Eg Citalopram Metabolism) Gene Analysis Common Variants (Ie Htr2A Rs7997012 [C.614-2211T>C] Htr2C Rs3813929 [C.-759C>T] And Rs1414334 [C.551-3008C>G]) | Carelon | — |
| 0034U | Molecular Genetic Lab Testing | Tpmt (Thiopurine S-Methyltransferase) Nudt15 (Nudix Hydroxylase 15)(Eg Thiopurine Metabolism) Gene Analysis Common Variants (Ie Tpmt *2 *3A *3B *3C *4 *5 *6 *8 *12; Nudt15 *3 *4 *5) | Carelon | — |
| 0036U | Molecular Genetic Lab Testing | Exome (Ie Somatic Mutations) Paired Formalin-Fixed Paraffin-Embedded Tumor Tissue And Normal Specimen Sequence Analyses | Carelon | — |
| 0037U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Solid Organ Neoplasm Dna Analysis Of 324 Genes Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden | Carelon | — |
| 0040U | Molecular Genetic Lab Testing | Bcr/Abl1 (T(9;22)) (Eg Chronic Myelogenous Leukemia) Translocation Analysis Major Breakpoint Quantitative | Carelon | — |
| 0045U | Molecular Genetic Lab Testing | Oncology (Breast Ductal Carcinoma In Situ) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 12 Genes (7 Content And 5 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Recurrence Score | Carelon | — |
| 0046U | Molecular Genetic Lab Testing | Flt3 (Fms-Related Tyrosine Kinase 3) (Eg Acute Myeloid Leukemia) Internal Tandem Duplication (Itd) Variants Quantitative | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0047U | Molecular Genetic Lab Testing | Oncology (Prostate) Mrna Gene Expression Profiling By Real-Time Rt-Pcr Of 17 Genes (12 Content And 5 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Risk Score | Carelon | — |
| 0048U | Molecular Genetic Lab Testing | Oncology (Solid Organ Neoplasia) Dna Targeted Sequencing Of Protein-Coding Exons Of 468 Cancer-Associated Genes Including Interrogation For Somatic Mutations And Microsatellite Instability Matched With Normal Specimens Utilizing Formalin-Fixed Paraffin-Embedded Tumor Tissue Report Of Clinically Significant Mutation(S) | Carelon | — |
| 0049U | Molecular Genetic Lab Testing | Npm1 (Nucleophosmin) (Eg Acute Myeloid Leukemia) Gene Analysis Quantitative | Carelon | — |
| 0050U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Acute Myelogenous Leukemia Dna Analysis 194 Genes Interrogation For Sequence Variants Copy Number Variants Or Rearrangements | Carelon | — |
| 0055U | Molecular Genetic Lab Testing | Cardiology (Heart Transplant) Cell-Free Dna Pcr Assay Of 96 Dna Target Sequences (94 Single Nucleotide Polymorphism Targets And Two Control Targets) Plasma | Carelon | — |
| 0060U | Molecular Genetic Lab Testing | Twin Zygosity Genomic Targeted Sequence Analysis Of Chromosome 2 Using Circulating Cell-Free Fetal Dna In Maternal Blood | Carelon | — |
| 0069U | Molecular Genetic Lab Testing | Oncology (Colorectal) Microrna Rt-Pcr Expression Profiling Of Mir-31-3P Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As An Expression Score | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0070U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Common And Select Rare Variants (Ie *2 *3 *4 *4N *5 *6 *7 *8 *9 *10 *11 *12 *13 *14A *14B *15 *17 *29 *35 *36 *41 *57 *61 *63 *68 *83 *Xn) | Carelon | — |
| 0071U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Full Gene Sequence (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0072U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (Ie Cyp2D6-2D7 Hybrid Gene) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0073U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (Ie Cyp2D7-2D6 Hybrid Gene) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0074U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (Ie Non-Duplicated Gene When Duplication/Multiplication Is Trans) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0075U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (Ie 5' Gene Duplication/Multiplication) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 0076U | Molecular Genetic Lab Testing | Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (le 3' Gene Duplication/ Multiplication) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0078U | Molecular Genetic Lab Testing | Pain Management (Opioid-Use Disorder) Genotyping Panel 16 Common Variants (le Abcb1 Comt Dat1 Dbh Dor Drd1 Drd2 Drd4 Gaba Gal Htr2A Httlpr Mthfr Muor Oprk1 Oprm1) Buccal Swab Or Other Germline Tissue Sample Algorithm Reported As Positive Or Negative Risk Of Opioid-Use Disorder | Carelon | Retire Effective 07/01/2025 |
| 0079U | Molecular Genetic Lab Testing | Comparative Dna Analysis Using Multiple Selected Single-Nucleotide Polymorphisms (Snps) Urine And Buccal Dna For Specimen Identity Verification | Carelon | — |
| 0087U | Molecular Genetic Lab Testing | Cardiology (Heart Transplant) Mrna Gene Expression Profiling By Microarray Of 1283 Genes Transplant Biopsy Tissue Allograft Rejection And Injury Algorithm Reported As A Probability Score | Carelon | — |
| 0088U | Molecular Genetic Lab Testing | Transplantation Medicine (Kidney Allograft Rejection) Microarray Gene Expression Profiling Of 1494 Genes Utilizing Transplant Biopsy Tissue Algorithm Reported As A Probability Score For Rejection | Carelon | — |
| 0089U | Molecular Genetic Lab Testing | Oncology (Melanoma) Gene Expression Profiling By Rtpcr Prame And Linc00518 Superficial Collection Using Adhesive Patch(Es) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0090U | Molecular Genetic Lab Testing | Oncology (Cutaneous Melanoma) Mrna Gene Expression Profiling By Rt-Pcr Of 23 Genes (14 Content And 9 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded Tissue (Ffpe) Algorithm Reported As A Categorical Result (Ie Benign Intermediate Malignant) | Carelon | — |
| 0094U | Molecular Genetic Lab Testing | Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Rapid Sequence Analysis | Carelon | — |
| 0101U | Molecular Genetic Lab Testing | Hereditary Colon Cancer Disorders (Eg Lynch Syndrome Pten Hamartoma Syndrome Cowden Syndrome Familial Adenomatosis Polyposis) Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs Sanger Mlpa And Array Cgh With Mrna Analytics To Resolve Variants Of Unknown Significance When Indicated (15 Genes [Sequencing And Deletion/Duplication] Epcam And Grem1 [Deletion/Duplication Only]) | Carelon | — |
| 0102U | Molecular Genetic Lab Testing | Hereditary Breast Cancer-Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer) Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs Sanger Mlpa And Array Cgh With Mrna Analytics To Resolve Variants Of Unknown Significance When Indicated (17 Genes [Sequencing And Deletion/Duplication]) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0103U | Molecular Genetic Lab Testing | Hereditary Ovarian Cancer (Eg Hereditary Ovarian Cancer Hereditary Endometrial Cancer) Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs Sanger Mlpa And Array Cgh With Mrna Analytics To Resolve Variants Of Unknown Significance When Indicated (24 Genes [Sequencing And Deletion/Duplication] Epcam [Deletion/Duplication Only]) | Carelon | — |
| 0111U | Molecular Genetic Lab Testing | Oncology (Colon Cancer) Targeted Kras (Codons 12 13 And 61) And Nras (Codons 12 13 And 61) Gene Analysis Utilizing Formalin-Fixed Paraffin-Embedded Tissue | Carelon | — |
| 0113U | Molecular Genetic Lab Testing | Oncology (Prostate) Measurement Of Pca3 And Tmprss2-Erg In Urine And Psa In Serum Following Prostatic Massage By Rna Amplification And Fluorescence-Based Detection Algorithm Reported As Risk Score | Carelon | — |
| 0114U | Molecular Genetic Lab Testing | Gastroenterology (Barrett'S Esophagus) Vim And Ccna1 Methylation Analysis Esophageal Cells Algorithm Reported As Likelihood For Barrett'S Esophagus | Carelon | — |
| 0118U | Molecular Genetic Lab Testing | Transplantation Medicine Quantification Of Donor-Derived Cell-Free Dna Using Whole Genome Next-Generation Sequencing Plasma Reported As Percentage Of Donor-Derived Cell-Free Dna In The Total Cell-Free Dna | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0120U | Molecular Genetic Lab Testing | Oncology (B-Cell Lymphoma Classification) Mrna Gene Expression Profiling By Fluorescent Probe Hybridization Of 58 Genes (45 Content And 13 Housekeeping Genes) Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As Likelihood For Primary Mediastinal B-Cell Lymphoma (Pmbcl) And Diffuse Large B-Cell Lymphoma (Dlbcl) With Cell Of Origin Subtyping In The Latter | Carelon | — |
| 0129U | Molecular Genetic Lab Testing | Hereditary Breast Cancer–Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer) Genomic Sequence Analysis And Deletion/Duplication Analysis Panel (Atm Brca1 Brca2 Cdh1 Chek2 Palb2 Pten And Tp53) | Carelon | — |
| 0130U | Molecular Genetic Lab Testing | Hereditary Colon Cancer Disorders (Eg Lynch Syndrome Pten Hamartoma Syndrome Cowden Syndrome Familial Adenomatosis Polyposis) Targeted Mrna Sequence Analysis Panel (Apc Cdh1 Chek2 Mlh1 Msh2 Msh6 Mutyh Pms2 Pten And Tp53) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0131U | Molecular Genetic Lab Testing | Hereditary Breast Cancer–Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer) Targeted Mrna Sequence Analysis Panel (13 Genes) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0132U | Molecular Genetic Lab Testing | Hereditary Ovarian Cancer–Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer) Targeted Mrna Sequence Analysis Panel (17 Genes) (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0133U | Molecular Genetic Lab Testing | Hereditary Prostate Cancer–Related Disorders Targeted Mrna Sequence Analysis Panel (11 Genes) (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0134U | Molecular Genetic Lab Testing | Hereditary Pan Cancer (Eg Hereditary Breast And Ovarian Cancer Hereditary Endometrial Cancer Hereditary Colorectal Cancer) Targeted Mrna Sequence Analysis Panel (18 Genes) (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0135U | Molecular Genetic Lab Testing | Hereditary Gynecological Cancer (Eg Hereditary Breast And Ovarian Cancer Hereditary Endometrial Cancer Hereditary Colorectal Cancer) Targeted Mrna Sequence Analysis Panel (12 Genes) (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0136U | Molecular Genetic Lab Testing | Atm (Ataxia Telangiectasia Mutated) (Eg Ataxia Telangiectasia) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0137U | Molecular Genetic Lab Testing | Palb2 (Partner And Localizer Of Brca2) (Eg Breast And Pancreatic Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0138U | Molecular Genetic Lab Testing | Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0153U | Molecular Genetic Lab Testing | Oncology (Breast) Mrna Gene Expression Profiling By Next-Generation Sequencing Of 101 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Triple Negative Breast Cancer Clinical Subtype(S) With Information On Immune Cell Involvement | Carelon | — |
| 0154U | Molecular Genetic Lab Testing | Oncology (Urothelial Cancer) Rna Analysis By Real-Time Rt-Pcr Of The Fgfr3 (Fibroblast Growth Factor Receptor 3) Gene Analysis (Ie P.R248C [C.742C>T] P.S249C [C.746C>G] P.G370C [C.1108G>T] P.Y373C [C.1118A>G] Fgfr3-Tacc3V1 And Fgfr3-Tacc3V3) Utilizing Formalin-Fixed Paraffin-Embedded Urothelial Cancer Tumor Tissue Reported As Fgfr Gene Alteration Status | Carelon | — |
| 0155U | Molecular Genetic Lab Testing | Oncology (Breast Cancer) Dna Pik3Ca (Phosphatidylinositol-4 5-Bisphosphate 3-Kinase Catalytic Subunit Alpha) (Eg Breast Cancer) Gene Analysis (Ie P.C420R P.E542K P.E545A P.E545D [G.1635G>T Only] P.E545G P.E545K P.Q546E P.Q546R P.H1047L P.H1047R P.H1047Y) Utilizing Formalin-Fixed Paraffin-Embedded Breast Tumor Tissue Reported As Pik3Ca Gene Mutation Status | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0156U | Molecular Genetic Lab Testing | Copy Number (Eg Intellectual Disability Dysmorphology) Sequence Analysis | Carelon | — |
| 0157U | Molecular Genetic Lab Testing | Apc (Apc Regulator Of Wnt Signaling Pathway) (Eg Familial Adenomatosis Polyposis [Fap]) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0158U | Molecular Genetic Lab Testing | Mlh1 (Mutl Homolog 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0159U | Molecular Genetic Lab Testing | Msh2 (Muts Homolog 2) (Eg Hereditary Colon Cancer Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0160U | Molecular Genetic Lab Testing | Msh6 (Muts Homolog 6) (Eg Hereditary Colon Cancer Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0161U | Molecular Genetic Lab Testing | Pms2 (Pms1 Homolog 2 Mismatch Repair System Component) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0162U | Molecular Genetic Lab Testing | Hereditary Colon Cancer (Lynch Syndrome) Targeted Mrna Sequence Analysis Panel (Mlh1 Msh2 Msh6 Pms2) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0169U | Molecular Genetic Lab Testing | Nudt15 (Nudix Hydrolase 15) And Tpmt (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0170U | Molecular Genetic Lab Testing | Neurology (Autism Spectrum Disorder [Asd]) Rna Next-Generation Sequencing Saliva Algorithmic Analysis And Results Reported As Predictive Probability Of Asd Diagnosis | Carelon | — |
| 0171U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Acute Myeloid Leukemia Myelodysplastic Syndrome And Myeloproliferative Neoplasms Dna Analysis 23 Genes Interrogation For Sequence Variants Rearrangements And Minimal Residual Disease Reported As Presence/Absence | Carelon | — |
| 0203U | Molecular Genetic Lab Testing | Autoimmune (Inflammatory Bowel Disease) Mrna Gene Expression Profiling By Quantitative Rt-Pcr 17 Genes (15 Target And 2 Reference Genes) Whole Blood Reported As A Continuous Risk Score And Classification Of Inflammatory Bowel Disease Aggressiveness | Carelon | — |
| 0205U | Molecular Genetic Lab Testing | Ophthalmology (Age-Related Macular Degeneration) Analysis Of 3 Gene Variants (2 Cfh Gene 1 Arms2 Gene) Using Pcr And Maldi-Tof Buccal Swab Reported As Positive Or Negative For Neovascular Age-Related Macular-Degeneration Risk Associated With Zinc Supplements | Carelon | — |
| 0209U | Molecular Genetic Lab Testing | Cytogenomic Constitutional (Genome-Wide) Analysis Interrogation Of Genomic Regions For Copy Number Structural Changes And Areas Of Homozygosity For Chromosomal Abnormalities | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0211U | Molecular Genetic Lab Testing | Oncology (Pan-Tumor) Dna And Rna By Next-Generation Sequencing Utilizing Formalin-Fixed Paraffin-Embedded Tissue Interpretative Report For Single Nucleotide Variants Copy Number Alterations Tumor Mutational Burden And Microsatellite Instability With Therapy Association | Carelon | – |
| 0212U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Genome And Mitochondrial Dna Sequence Analysis Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants Proband | Carelon | – |
| 0213U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Genome And Mitochondrial Dna Sequence Analysis Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants Each Comparator Genome (Eg Parent Sibling) | Carelon | – |
| 0214U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Exome And Mitochondrial Dna Sequence Analysis Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants Proband | Carelon | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0215U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Exome And Mitochondrial Dna Sequence Analysis Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants Each Comparator Exome (Eg Parent Sibling) | Carelon | — |
| 0216U | Molecular Genetic Lab Testing | Neurology (Inherited Ataxias) Genomic Dna Sequence Analysis Of 12 Common Genes Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants | Carelon | — |
| 0217U | Molecular Genetic Lab Testing | Neurology (Inherited Ataxias) Genomic Dna Sequence Analysis Of 51 Genes Including Small Sequence Changes Deletions Duplications Short Tandem Repeat Gene Expansions And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Categorization Of Genetic Variants | Carelon | — |
| 0218U | Molecular Genetic Lab Testing | Neurology (Muscular Dystrophy) Dmd Gene Sequence Analysis Including Small Sequence Changes Deletions Duplications And Variants In Non-Uniquely Mappable Regions Blood Or Saliva Identification And Characterization Of Genetic Variants | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0228U | Molecular Genetic Lab Testing | Oncology (Prostate) Multianalyte Molecular Profile By Photometric Detection Of Macromolecules Adsorbed On Nanosponge Array Slides With Machine Learning Utilizing First Morning Voided Urine Algorithm Reported As Likelihood Of Prostate Cancer | Carelon | — |
| 0229U | Molecular Genetic Lab Testing | Bcat1 (Branched Chain Amino Acid Transaminase 1) And Ikzf1 (Ikaros Family Zinc Finger 1) (Eg Colorectal Cancer) Promoter Methylation Analysis | Carelon | — |
| 0230U | Molecular Genetic Lab Testing | Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Full Sequence Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Short Tandem Repeat (Str) Expansions Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |
| 0231U | Molecular Genetic Lab Testing | Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha 1A) (Eg Spinocerebellar Ataxia) Full Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Short Tandem Repeat (Str) Gene Expansions Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0232U | Molecular Genetic Lab Testing | Cstb (Cystatin B) (Eg Progressive Myoclonic Epilepsy Type 1A Unverricht-Lundborg Disease) Full Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Short Tandem Repeat (Str) Expansions Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |
| 0233U | Molecular Genetic Lab Testing | Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Short Tandem Repeat (Str) Expansions Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |
| 0234U | Molecular Genetic Lab Testing | Mecp2 (Methyl Cpg Binding Protein 2) (Eg Rett Syndrome) Full Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |
| 0235U | Molecular Genetic Lab Testing | Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Full Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0236U | Molecular Genetic Lab Testing | Smn1 (Survival Of Motor Neuron 1 Telomeric) And Smn2 (Survival Of Motor Neuron 2 Centromeric) (Eg Spinal Muscular Atrophy) Full Gene Analysis Including Small Sequence Changes In Exonic And Intronic Regions Duplications Deletions And Mobile Element Insertions | Carelon | — |
| 0237U | Molecular Genetic Lab Testing | Cardiac Ion Channelopathies (Eg Brugada Syndrome Long Qt Syndrome Short Qt Syndrome Catecholaminergic Polymorphic Ventricular Tachycardia) Genomic Sequence Analysis Panel Including Ank2 Casq2 Cav3 Kcne1 Kcne2 Kcnh2 Kcnj2 Kcnq1 Ryr2 And Scn5A Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |
| 0238U | Molecular Genetic Lab Testing | Oncology (Lynch Syndrome) Genomic Dna Sequence Analysis Of Mlh1 Msh2 Msh6 Pms2 And Epcam Including Small Sequence Changes In Exonic And Intronic Regions Deletions Duplications Mobile Element Insertions And Variants In Non-Uniquely Mappable Regions | Carelon | — |
| 0239U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Solid Organ Neoplasm Cell-Free Dna Analysis Of 311 Or More Genes Interrogation For Sequence Variants Including Substitutions Insertions Deletions Select Rearrangements And Copy Number Variations | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0242U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Solid Organ Neoplasm Cell-Free Circulating Dna Analysis Of 55-74 Genes Interrogation For Sequence Variants Gene Copy Number Amplifications And Gene Rearrangements | Carelon | — |
| 0244U | Molecular Genetic Lab Testing | Oncology (Solid Organ) Dna Comprehensive Genomic Profiling 257 Genes Interrogation For Single-Nucleotide Variants Insertions/Deletions Copy Number Alterations Gene Rearrangements Tumor-Mutational Burden And Microsatellite Instability Utilizing Formalin-Fixed Paraffin-Embedded Tumor Tissue | Carelon | — |
| 0245U | Molecular Genetic Lab Testing | Oncology (Thyroid) Mutation Analysis Of 10 Genes And 37 Rna Fusions And Expression Of 4 Mrna Markers Using Next-Generation Sequencing Fine Needle Aspirate Report Includes Associated Risk Of Malignancy Expressed As A Percentage | Carelon | — |
| 0250U | Molecular Genetic Lab Testing | Oncology (Solid Organ Neoplasm) Targeted Genomic Sequence Dna Analysis Of 505 Genes Interrogation For Somatic Alterations (Snvs [Single Nucleotide Variant] Small Insertions And Deletions One Amplification And Four Translocations) Microsatellite Instability And Tumor-Mutation Burden | Carelon | — |
| 0252U | Molecular Genetic Lab Testing | Fetal Aneuploidy Short Tandem-Repeat Comparative Analysis Fetal Dna From Products Of Conception Reported As Normal (Euploidy) Monosomy Trisomy Or Partial Deletion/Duplication Mosaicism And Segmental Aneuploidy | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0253U | Molecular Genetic Lab Testing | Reproductive Medicine (Endometrial Receptivity Analysis) Rna Gene Expression Profile 238 Genes By Next-Generation Sequencing Endometrial Tissue Predictive Algorithm Reported As Endometrial Window Of Implantation (Eg Pre-Receptive Receptive Post-Receptive) | Carelon | — |
| 0254U | Molecular Genetic Lab Testing | Reproductive Medicine (Preimplantation Genetic Assessment) Analysis Of 24 Chromosomes Using Embryonic Dna Genomic Sequence Analysis For Aneuploidy And A Mitochondrial Dna Score In Euploid Embryos Results Reported As Normal (Euploidy) Monosomy Trisomy Or Partial Deletion/Duplication Mosaicism And Segmental Aneuploidy Per Embryo Tested | Carelon | — |
| 0258U | Molecular Genetic Lab Testing | Autoimmune (Psoriasis) Mrna Next-Generation Sequencing Gene Expression Profiling Of 50-100 Genes Skin-Surface Collection Using Adhesive Patch Algorithm Reported As Likelihood Of Response To Psoriasis Biologics | Carelon | — |
| 0260U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Identification Of Copy Number Variations Inversions Insertions Translocations And Other Structural Variants By Optical Genome Mapping | Carelon | — |
| 0262U | Molecular Genetic Lab Testing | Oncology (Solid Tumor) Gene Expression Profiling By Real-Time Rt-Pcr Of 7 Gene Pathways (Er Ar Pi3K Mapk Hh Tgfb Notch) Formalin-Fixed Paraffin-Embedded (Ffpe) Algorithm Reported As Gene Pathway Activity Score | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0264U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Identification Of Copy Number Variations Inversions Insertions Translocations And Other Structural Variants By Optical Genome Mapping | Carelon | — |
| 0265U | Molecular Genetic Lab Testing | Rare Constitutional And Other Heritable Disorders Whole Genome And Mitochondrial Dna Sequence Analysis Blood Frozen And Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Saliva Buccal Swabs Or Cell Lines Identification Of Single Nucleotide And Copy Number Variants | Carelon | — |
| 0266U | Molecular Genetic Lab Testing | Unexplained Constitutional Or Other Heritable Disorders Or Syndromes Tissue-Specific Gene Expression By Whole-Transcriptome And Next-Generation Sequencing Blood Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Or Fresh Frozen Tissue Reported As Presence Or Absence Of Splicing Or Expression Changes | Carelon | — |
| 0267U | Molecular Genetic Lab Testing | Rare Constitutional And Other Heritable Disorders Identification Of Copy Number Variations Inversions Insertions Translocations And Other Structural Variants By Optical Genome Mapping And Whole Genome Sequencing | Carelon | — |
| 0268U | Molecular Genetic Lab Testing | Hematology (Atypical Hemolytic Uremic Syndrome [Ahus]) Genomic Sequence Analysis Of 15 Genes Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0269U | Molecular Genetic Lab Testing | Hematology (Autosomal Dominant Congenital Thrombocytopenia) Genomic Sequence Analysis Of 22 Genes Blood Buccal Swab Or Amniotic Fluid | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0270U | Molecular Genetic Lab Testing | Hematology (Congenital Coagulation Disorders) Genomic Sequence Analysis Of 20 Genes Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0271U | Molecular Genetic Lab Testing | Hematology (Congenital Neutropenia) Genomic Sequence Analysis Of 24 Genes Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0272U | Molecular Genetic Lab Testing | Hematology (Genetic Bleeding Disorders) Genomic Sequence Analysis Of 60 Genes And Duplication/Deletion Of Plau Blood Buccal Swab Or Amniotic Fluid Comprehensive | Carelon | — |
| 0273U | Molecular Genetic Lab Testing | Hematology (Genetic Hyperfibrinolysis Delayed Bleeding) Genomic Sequence Analysis Of 8 Genes (F13A1 F13B Fga Fgb Fgg Serpina1 Serpine1 Serpinf2 Plau) Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0274U | Molecular Genetic Lab Testing | Hematology (Genetic Platelet Disorders) Genomic Sequence Analysis Of 62 Genes And Duplication/Deletion Of Plau Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0276U | Molecular Genetic Lab Testing | Hematology (Inherited Thrombocytopenia) Genomic Sequence Analysis Of 42 Genes Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0277U | Molecular Genetic Lab Testing | Hematology (Genetic Platelet Function Disorder) Genomic Sequence Analysis Of 40 Genes And Duplication/Deletion Of Plau Blood Buccal Swab Or Amniotic Fluid | Carelon | — |
| 0278U | Molecular Genetic Lab Testing | Hematology (Genetic Thrombosis) Genomic Sequence Analysis Of 14 Genes Blood Buccal Swab Or Amniotic Fluid | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0285U | Molecular Genetic Lab Testing | Oncology Response To Radiation Cell-Free Dna Quantitative Branched Chain Dna Amplification Plasma Reported As A Radiation Toxicity Score | Carelon | — |
| 0286U | Molecular Genetic Lab Testing | Cep72 (Centrosomal Protein 72-Kda) Nudt15 (Nudix Hydrolase 15) And Tpm1 (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants | Carelon | — |
| 0287U | Molecular Genetic Lab Testing | Oncology (Thyroid) Dna And Mrna Next-Generation Sequencing Analysis Of 112 Genes Fine Needle Aspirate Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Algorithmic Prediction Of Cancer Recurrence Reported As A Categorical Risk Result (Low Intermediate High) | Carelon | — |
| 0288U | Molecular Genetic Lab Testing | Oncology (Lung) Mrna Quantitative Pcr Analysis Of 11 Genes (Bag1 Brca1 Cdc6 Cdk2Ap1 Erbb3 Fut3 Il11 Lck Rnd3 Sh3Bgr Wnt3A) And 3 Reference Genes (Esd Tbp Yap1) Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue Algorithmic Interpretation Reported As A Recurrence Risk Score | Carelon | — |
| 0289U | Molecular Genetic Lab Testing | Neurology (Alzheimer Disease) Mrna Gene Expression Profiling By Rna Sequencing Of 24 Genes Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |
| 0290U | Molecular Genetic Lab Testing | Pain Management Mrna Gene Expression Profiling By Rna Sequencing Of 36 Genes Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0291U | Molecular Genetic Lab Testing | Psychiatry (Mood Disorders) Mrna Gene Expression Profiling By Rna Sequencing Of 144 Genes Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |
| 0292U | Molecular Genetic Lab Testing | Psychiatry (Stress Disorders) Mrna Gene Expression Profiling By Rna Sequencing Of 72 Genes Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |
| 0293U | Molecular Genetic Lab Testing | Psychiatry (Suicidal Ideation) Mrna Gene Expression Profiling By Rna Sequencing Of 54 Genes Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |
| 0294U | Molecular Genetic Lab Testing | Longevity And Mortality Risk Mrna Gene Expression Profiling By Rna Sequencing Of 18 Genes Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |
| 0296U | Molecular Genetic Lab Testing | Oncology (Oral And/Or Oropharyngeal Cancer) Gene Expression Profiling By Rna Sequencing At Least 20 Molecular Features (Eg Human And/Or Microbial Mrna) Saliva Algorithm Reported As Positive Or Negative For Signature Associated With Malignancy | Carelon | — |
| 0297U | Molecular Genetic Lab Testing | Oncology (Pan Tumor) Whole Genome Sequencing Of Paired Malignant And Normal Dna Specimens Fresh Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Blood Or Bone Marrow Comparative Sequence Analyses And Variant Identification | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0298U | Molecular Genetic Lab Testing | Oncology (Pan Tumor) Whole Transcriptome Sequencing Of Paired Malignant And Normal Rna Specimens Fresh Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Blood Or Bone Marrow Comparative Sequence Analyses And Expression Level And Chimeric Transcript Identification | Carelon | — |
| 0299U | Molecular Genetic Lab Testing | Oncology (Pan Tumor) Whole Genome Optical Genome Mapping Of Paired Malignant And Normal Dna Specimens Fresh Frozen Tissue Blood Or Bone Marrow Comparative Structural Variant Identification | Carelon | — |
| 0300U | Molecular Genetic Lab Testing | Oncology (Pan Tumor) Whole Genome Sequencing And Optical Genome Mapping Of Paired Malignant And Normal Dna Specimens Fresh Tissue Blood Or Bone Marrow Comparative Sequence Analyses And Variant Identification | Carelon | — |
| 0306U | Molecular Genetic Lab Testing | Oncology (Minimal Residual Disease [Mrd]) Next-Generation Targeted Sequencing Analysis Cell-Free Dna Initial (Baseline) Assessment To Determine A Patient Specific Panel For Future Comparisons To Evaluate For Mrd | Carelon | — |
| 0307U | Molecular Genetic Lab Testing | Oncology (Minimal Residual Disease [Mrd]) Next-Generation Targeted Sequencing Analysis Of A Patient-Specific Panel Cell-Free Dna Subsequent Assessment With Comparison To Previously Analyzed Patient Specimens To Evaluate For Mrd | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0313U | Molecular Genetic Lab Testing | Oncology (Pancreas) Dna And Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis Of Cea (Ceacam5) Gene Expression Pancreatic Cyst Fluid Algorithm Reported As A Categorical Result (Ie Negative Low Probability Of Neoplasia Or Positive High Probability Of Neoplasia) | Carelon | — |
| 0314U | Molecular Genetic Lab Testing | Oncology (Cutaneous Melanoma) Mrna Gene Expression Profiling By Rt-Pcr Of 35 Genes (32 Content And 3 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Algorithm Reported As A Categorical Result (Ie Benign Intermediate Malignant) | Carelon | — |
| 0315U | Molecular Genetic Lab Testing | Oncology (Cutaneous Squamous Cell Carcinoma) Mrna Gene Expression Profiling By Rt-Pcr Of 40 Genes (34 Content And 6 Housekeeping) Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Algorithm Reported As A Categorical Risk Result (Ie Class 1 Class 2A Class 2B) | Carelon | — |
| 0317U | Molecular Genetic Lab Testing | Oncology (Lung Cancer) Four-Probe Fish (3Q29 3P22.1 10Q22.3 10Cen) Assay Whole Blood Predictive Algorithmgenerated Evaluation Reported As Decreased Or Increased Risk For Lung Cancer | Carelon | — |
| 0318U | Molecular Genetic Lab Testing | Pediatrics (Congenital Epigenetic Disorders) Whole Genome Methylation Analysis By Microarray For 50 Or More Genes Blood | Carelon | — |
| 0319U | Molecular Genetic Lab Testing | Nephrology (Renal Transplant) Rna Expression By Select Transcriptome Sequencing Using Pretransplant Peripheral Blood Algorithm Reported As A Risk Score For Early Acute Rejection | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0320U | Molecular Genetic Lab Testing | Nephrology (Renal Transplant) Rna Expression By Select Transcriptome Sequencing Using Posttransplant Peripheral Blood Algorithm Reported As A Risk Score For Acute Cellular Rejection | Carelon | — |
| 0326U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Solid Organ Neoplasm Cell-Free Circulating Dna Analysis Of 83 Or More Genes Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden | Carelon | — |
| 0327U | Molecular Genetic Lab Testing | Fetal Aneuploidy (Trisomy 13 18 And 21) Dna Sequence Analysis Of Selected Regions Using Maternal Plasma Algorithm Reported As A Risk Score For Each Trisomy Includes Sex Reporting If Performed | Carelon | — |
| 0329U | Molecular Genetic Lab Testing | Oncology (Neoplasia) Exome And Transcriptome Sequence Analysis For Sequence Variants Gene Copy Number Amplifications And Deletions Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden Utilizing Dna And Rna From Tumor With Dna From Normal Blood Or Saliva For Subtraction Report Of Clinically Significant Mutation(S) With Therapy Associations | Carelon | — |
| 0331U | Molecular Genetic Lab Testing | Oncology (Hematolymphoid Neoplasia) Optical Genome Mapping For Copy Number Alterations And Gene Rearrangements Utilizing Dna From Blood Or Bone Marrow Report Of Clinically Significant Alternations | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0332U | Molecular Genetic Lab Testing | Oncology (Pan-Tumor) Genetic Profiling Of 8 Dna-Regulatory (Epigenetic) Markers By Quantitative Polymerase Chain Reaction (Qpcr) Whole Blood Reported As A High Or Low Probability Of Responding To Immune Checkpoint-Inhibitor Therapy | Carelon | — |
| 0333U | Molecular Genetic Lab Testing | Oncology (Liver) Surveillance For Hepatocellular Carcinoma (Hcc) In Highrisk Patients Analysis Of Methylation Patterns On Circulating Cell-Free Dna (Cfdna) Plus Measurement Of Serum Of Afp/Afp-L3 And Oncoprotein Des-Gammacarboxy-Prothrombin (Dcp) Algorithm Reported As Normal Or Abnormal Result | Carelon | — |
| 0334U | Molecular Genetic Lab Testing | Oncology (Solid Organ) Targeted Genomic Sequence Analysis Formalin-Fixed Paraffinembedded (Ffpe) Tumor Tissue Dna Analysis 84 Or More Genes Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden | Carelon | — |
| 0335U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Genome Sequence Analysis Including Small Sequence Changes Copy Number Variants Deletions Duplications Mobile Element Insertions Uniparental Disomy (Upd) Inversions Aneuploidy Mitochondrial Genome Sequence Analysis With Heteroplasmy And Large Deletions Short Tandem Repeat (Str) Gene Expansions Fetal Sample Identification And Categorization Of Genetic Variants | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0336U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Genome Sequence Analysis Including Small Sequence Changes Copy Number Variants Deletions Duplications Mobile Element Insertions Uniparental Disomy (Upd) Inversions Aneuploidy Mitochondrial Genome Sequence Analysis With Heteroplasmy And Large Deletions Short Tandem Repeat (Str) Gene Expansions Blood Or Saliva Identification And Categorization Of Genetic Variants Each Comparator Genome (Eg Parent) | Carelon | — |
| 0339U | Molecular Genetic Lab Testing | Oncology (Prostate) Mrna Expression Profiling Of Hoxc6 And Dlx1 Reverse Transcription Polymerase Chain Reaction (Rt-Pcr) First-Void Urine Following Digital Rectal Examination Algorithm Reported As Probability Of High-Grade Cancer | Carelon | — |
| 0340U | Molecular Genetic Lab Testing | Oncology (Pan-Cancer) Analysis Of Minimal Residual Disease (Mrd) From Plasma With Assays Personalized To Each Patient Based On Prior Next-Generation Sequencing Of The Patient'S Tumor And Germline Dna Reported As Absence Or Presence Of Mrd With Disease-Burden Correlation If Appropriate | Carelon | — |
| 0341U | Molecular Genetic Lab Testing | Fetal Aneuploidy Dna Sequencing Comparative Analysis Fetal Dna From Products Of Conception Reported As Normal (Euploidy) Monosomy Trisomy Or Partial Deletion/Duplication Mosaicism And Segmental Aneuploid | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0343U | Molecular Genetic Lab Testing | Oncology (Prostate) Exosome-Based Analysis Of 442 Small Noncoding Rnas (Sncrnas) By Quantitative Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr) Urine Reported As Molecular Evidence Of No- Low- Intermediate- Or High-Risk Of Prostate Cancer | Carelon | — |
| 0345U | Molecular Genetic Lab Testing | Psychiatry (Eg Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Genomic Analysis Panel Variant Analysis Of 15 Genes Including Deletion/Duplication Analysis Of Cyp2D6 | Carelon | — |
| 0347U | Molecular Genetic Lab Testing | Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 16 Gene Report With Variant Analysis And Reported Phenotypes | Carelon | — |
| 0348U | Molecular Genetic Lab Testing | Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 25 Gene Report With Variant Analysis And Reported Phenotypes | Carelon | — |
| 0349U | Molecular Genetic Lab Testing | Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 27 Gene Report With Variant Analysis Including Reported Phenotypes And Impacted Gene-Drug Interactions | Carelon | — |
| 0350U | Molecular Genetic Lab Testing | Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 27 Gene Report With Variant Analysis And Reported Phenotypes | Carelon | — |
| 0355U | Molecular Genetic Lab Testing | Apo1 (Apolipoprotein L1) (Eg Chronic Kidney Disease) Risk Variants (G1 G2) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0356U | Molecular Genetic Lab Testing | Oncology (Oropharyngeal Or Anal) Evaluation Of 17 Dna Biomarkers Using Droplet Digital Pcr (Ddpcr) Cell-Free Dna Algorithm Reported As A Prognostic Risk Score For Cancer Recurrence | Carelon | — |
| 0362U | Molecular Genetic Lab Testing | Oncology (Papillary Thyroid Cancer) Gene Expression Profiling Via Targeted Hybrid Capture— Enrichment Rna Sequencing Of 82 Content Genes And 10 Housekeeping Genes Fine Needle Aspirate Or Formalin-Fixed Paraffinembedded (Ffpe) Tissue Algorithm Reported As One Of Three Molecular Subtypes | Carelon | — |
| 0363U | Molecular Genetic Lab Testing | Oncology (Urothelial) Mrna Gene-Expression Profiling By Real-Time Quantitative Pcr Of 5 Genes (Mdk Hoxa13 Cdc2 [Cdk1] Igfbp5 And Cxcr2) Utilizing Urine Algorithm Incorporates Age Sex Smoking History And Macrohematuria Frequency Reported As A Risk Score For Having Urothelial Carcinoma | Carelon | — |
| 0364U | Molecular Genetic Lab Testing | Oncology (Hematolymphoid Neoplasm) Genomic Sequence Analysis Using Multiplex (Pcr) And Next-Generation Sequencing With Algorithm Quantification Of Dominant Clonal Sequence(S) Reported As Presence Or Absence Of Minimal Residual Disease (Mrd) With Quantitation Of Disease Burden When Appropriate | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 0368U | Molecular Genetic Lab Testing | Oncology (Colorectal Cancer) Evaluation For Mutations Of Apc Braf Ctnnb1 Kras Nras Pik3Ca Smad4 And Tp53 And Methylation Markers (Myo1G Kcnq5 C9Orf50 Fli1 Clip4 Znf132 And Twist1) Multiplex Quantitative Polymerase Chain Reaction (Qpcr) Circulating Cell-Free Dna (Cfdna) Plasma Report Of Risk Score For Advanced Adenoma Or Colorectal Cancer | Carelon | — |
| 0378U | Molecular Genetic Lab Testing | Rfc1 (Replication Factor C Subunit 1) Repeat Expansion Variant Analysis By Traditional And Repeat-Primed Pcr Blood Saliva Or Buccal Swab | Carelon | — |
| 0379U | Molecular Genetic Lab Testing | Targeted Genomic Sequence Analysis Panel Solid Organ Neoplasm Dna (523 Genes) And Rna (55 Genes) By Nextgeneration Sequencing Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutational Burden | Carelon | — |
| 0380U | Molecular Genetic Lab Testing | Drug Metabolism (Adverse Drug Reactions And Drug Response) Targeted Sequence Analysis 20 Gene Variants And Cyp2D6 Deletion Or Duplication Analysis With Reported Genotype And Phenotype | Carelon | Retire Effective 04/01/2025 |
| 0388U | Molecular Genetic Lab Testing | Oncology (Non-Small Cell Lung Cancer) Next-Generation Sequencing With Identification Of Single Nucleotide Variants Copy Number Variants Insertions And Deletions And Structural Variants In 37 Cancer-Related Genes Plasma With Report For Alteration Detection | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|-----------------------------|
| 0389U | Molecular Genetic Lab Testing | Pediatric Febrile Illness (Kawasaki Disease [Kd]) Interferon Alpha-inducible Protein 27 (Ifi27) And Mast Cell-Expressed Membrane Protein 1 (Mcomp1) Rna Using Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr) Blood Reported As A Risk Score For Kd | Carelon | – |
| 0391U | Molecular Genetic Lab Testing | Oncology (Solid Tumor) Dna And Rna By Next-Generation Sequencing Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue 437 Genes Interpretive Report For Single Nucleotide Variants Splice-site Variants Insertions/Deletions Copy Number Alterations Gene Fusions Tumor Mutational Burden And Microsatellite Instability With Algorithm Quantifying Immunotherapy Response Score | Carelon | – |
| 0392U | Molecular Genetic Lab Testing | Drug Metabolism (Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Gene-Drug Interactions Variant Analysis Of 16 Genes Including Deletion/Duplication Analysis Of Cyp2D6 Reported As Impact Of Gene-Drug Interaction For Each Drug | Carelon | – |
| 0396U | Molecular Genetic Lab Testing | Obstetrics (Pre-Implantation Genetic Testing) Evaluation Of 300000 Dna Single-Nucleotide Polymorphisms (Snps) By Microarray Embryonic Tissue Algorithm Reported As A Probability For Single-Gene Germline Conditions | Carelon | Retire Effective 07/01/2025 |
| 0400U | Molecular Genetic Lab Testing | Obstetrics (Expanded Carrier Screening) 145 Genes By Nextgeneration Sequencing Fragment Analysis And Multiplex Ligationdependent Probe Amplification Dna Reported As Carrier Positive Or Negative | Carelon | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0401U | Molecular Genetic Lab Testing | Cardiology (Coronary Heart Disease [Cad]) 9 Genes (12 Variants) Targeted Variant Genotyping Blood Saliva Or Buccal Swab Algorithm Reported As A Genetic Risk Score For A Coronary Event | Carelon | — |
| 0403U | Molecular Genetic Lab Testing | Onc Prst8 Mrna 18 Gen Dre Ur | Carelon | — |
| 0405U | Molecular Genetic Lab Testing | Oncology (Pancreatic) 59 Methylation Haplotype Block Markers Next-Generation Sequencing Plasma Reported As Cancer Signal Detected Or Not Detected | Carelon | — |
| 0409U | Molecular Genetic Lab Testing | Onc Sld Tum Dna 80 & Rna 36 | Carelon | — |
| 0410U | Molecular Genetic Lab Testing | Oncology (Pancreatic) Dna Whole Genome Sequencing With 5-Hydroxymethylcytosine Enrichment Whole Blood Or Plasma Algorithm Reported As Cancer Detected Or Not Detected | Carelon | — |
| 0411U | Molecular Genetic Lab Testing | Psychiatry (Eg Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Genomic Analysis Panel Variant Analysis Of 15 Genes Including Deletion/Duplication Analysis Of Cyp2D6 | Carelon | — |
| 0413U | Molecular Genetic Lab Testing | Oncology (Hematolymphoid Neoplasm) Optical Genome Mapping For Copy Number Alterations Aneuploidy And Balanced/Complex Structural Rearrangements Dna From Blood Or Bone Marrow Report Of Clinically Significant Alterations | Carelon | — |
| 0414U | Molecular Genetic Lab Testing | Onc Lng Aug Alg Aly Whl Sld8 | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|---------|
| 0417U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional/Heritable Disorders) Whole Mitochondrial Genome Sequence With Heteroplasmy Detection And Deletion Analysis Nuclear-Encoded Mitochondrial Gene Analysis Of 335 Nuclear Genes Including Sequence Changes Deletions Insertions And Copy Number Variants Analysis Blood Or Saliva Identification And Categorization Of Mitochondrial Disorder--Associated Genetic Variants | Carelon | — |
| 0419U | Molecular Genetic Lab Testing | Neuropsychiatry (Eg Depression Anxiety) Genomic Sequence Analysis Panel Variant Analysis Of 13 Genes Saliva Or Buccal Swab Report Of Each Gene Phenotype | Carelon | — |
| 0420U | Molecular Genetic Lab Testing | Oncology (Urothelial) Mrna Expression Profiling By Real-Time Quantitative Pcr Of Mdk Hoxa13 Cdc2 Igfbp5 And Cxcr2 In Combination With Droplet Digital Pcr (Ddpcr) Analysis Of 6 Single-Nucleotide Polymorphisms (Snps) Genes Tert And Fgfr3 Urine Algorithm Reported As A Risk Score For Urothelial Carcinoma | Carelon | — |
| 0422U | Molecular Genetic Lab Testing | Oncology (Pan-Solid Tumor) Analysis Of Dna Biomarker Response To Anti-Cancer Therapy Using Cell-Free Circulating Dna Biomarker Comparison To A Previous Baseline Pre-Treatment Cell-Free Circulating Dna Analysis Using Next-Generation Sequencing Algorithm Reported As A Quantitative Change From Baseline Including Specific Alterations If Appropriate | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 0423U | Molecular Genetic Lab Testing | Psychiatry (Eg Depression Anxiety) Genomic Analysis Panel Including Variant Analysis Of 26 Genes Buccal Swab Report Including Metabolizer Status And Risk Of Drug Toxicity By Condition | Carelon | — |
| 0424U | Molecular Genetic Lab Testing | Oncology (Prostate) Exosomebased Analysis Of 53 Small Noncoding Rnas (Sncrnas) By Quantitative Reverse Transcription Polymerase Chain Reaction (Rtqpcr) Urine Reported As No Molecular Evidence Low- Moderate- Or Elevated- Risk Of Prostate Cancer | Carelon | — |
| 0425U | Molecular Genetic Lab Testing | Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Rapid Sequence Analysis Each Comparator Genome (Eg Parents Siblings) | Carelon | — |
| 0426U | Molecular Genetic Lab Testing | Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Ultra- Rapid Sequence Analysis | Carelon | — |
| 0428U | Molecular Genetic Lab Testing | Oncology (Breast) Targeted Hybrid- Capture Genomic Sequence Analysis Panel Circulating Tumor Dna (Ctdna) Analysis Of 56 Or More Genes Interrogation For Sequence Variants Gene Copy Number Amplifications Gene Rearrangements Microsatellite Instability And Tumor Mutation Burden | Carelon | Retire Effective 04/01/2025 |
| 0433U | Molecular Genetic Lab Testing | Oncology (Prostate) 5 Dna Regulatory Markers By Quantitative Pcr Whole Blood Algorithm Including Prostate-Specific Antigen Reported As Likelihood Of Cancer | Carelon | — |
| 0434U | Molecular Genetic Lab Testing | Drug Metabolism (Adverse Drug Reactions And Drug Response) Genomic Analysis Panel Variant Analysis Of 25 Genes With Reported Phenotypes | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 0437U | Molecular Genetic Lab Testing | Psychiatry (Anxiety Disorders) Mrna Gene Expression Profiling By Rna Sequencing Of 15 Biomarkers Whole Blood Algorithm Reported As Predictive Risk Score | Carelon | — |
| 0438U | Molecular Genetic Lab Testing | Drug Metabolism (Adverse Drug Reactions And Drug Response) Buccal Specimen Gene-Drug Interactions Variant Analysis Of 33 Genes Including Deletion/Duplication Analysis Of Cyp2D6 Including Reported Phenotypes And Impacted Genedrug Interactions | Carelon | — |
| 0439U | Molecular Genetic Lab Testing | Crd Chd Dna Alys 5 Snp 3 Dna | Carelon | — |
| 0440U | Molecular Genetic Lab Testing | Crd Chd Dna Alys 10 Snp 6Dna | Carelon | — |
| 0444U | Molecular Genetic Lab Testing | Oncology (Solid Organ Neoplasia) Targeted Genomic Sequence Analysis Panel Of 361 Genes Interrogation For Gene Fusions Translocations Or Other Rearrangements Using Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue Report Of Clinically Significant Variant(S) | Carelon | — |
| 0448U | Molecular Genetic Lab Testing | Oncology (Lung And Colon Cancer) Dna Qualitative Nextgeneration Sequencing Detection Of Single-Nucleotide Variants And Deletions In Egfr And Kras Genes Formalin-Fixed Paraffinembedded (Ffpe) Solid Tumor Samples Reported As Presence Or Absence Of Targeted Mutation(S) With Recommended Therapeutic Options | Carelon | Retire Effective 04/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|-----------------------------|
| 0449U | Molecular Genetic Lab Testing | Carrier Screening For Severe Inherited Conditions (Eg Cystic Fibrosis Spinal Muscular Atrophy Beta Hemoglobinopathies [Including Sick Cell Disease] Alpha Thalassemia) Regardless Of Race Or Self-Identified Ancestry Genomic Sequence Analysis Panel Must Include Analysis Of 5 Genes (Cftr Smn1 Hbb Hba1 Hba2) | Carelon | — |
| 0452U | Molecular Genetic Lab Testing | Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer | Carelon | — |
| 0453U | Molecular Genetic Lab Testing | Oncology (colorectal cancer), cellfree DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA) | Carelon | — |
| 0454U | Molecular Genetic Lab Testing | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | Carelon | — |
| 0456U | Molecular Genetic Lab Testing | Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy | Carelon | Retire Effective 04/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0460U | Molecular Genetic Lab Testing | Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes | Carelon | — |
| 0461U | Molecular Genetic Lab Testing | Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes | Carelon | — |
| 0465U | Molecular Genetic Lab Testing | Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative | Carelon | — |
| 0466U | Molecular Genetic Lab Testing | Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease | Carelon | — |
| 0467U | Molecular Genetic Lab Testing | Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| 0469U | Molecular Genetic Lab Testing | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination | Carelon | — |
| 0471U | Molecular Genetic Lab Testing | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations | Carelon | — |
| 0473U | Molecular Genetic Lab Testing | Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|--------------------------|
| 0474U | Molecular Genetic Lab Testing | Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene | Carelon | — |
| 0475U | Molecular Genetic Lab Testing | Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer | Carelon | — |
| 0476U | Molecular Genetic Lab Testing | Drug Metabolism, Psychiatry (Eg, Major Depressive Disorder, General Anxiety Disorder, Attention Deficit Hyperactivity Disorder [Adhd], Schizophrenia), Whole Blood, Buccal Swab, And Pharmacogenomic Genotyping Of 14 Genes And Cyp2D6 Copy Number Variant Analysis And Reported Phenotypes | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|--------------------------|
| 0477U | Molecular Genetic Lab Testing | Drug Metabolism, Psychiatry (Eg, Major Depressive Disorder, General Anxiety Disorder, Attention Deficit Hyperactivity Disorder [Adhd], Schizophrenia), Whole Blood, Buccal Swab, And Pharmacogenomic Genotyping Of 14 Genes And Cyp2D6 Copy Number Variant Analysis, Including Impacted Gene-Drug Interactions And Reported Phenotypes | Carelon | Add effective 07/01/2025 |
| 0478U | Molecular Genetic Lab Testing | Oncology (Non-Small Cell Lung Cancer), Dna And Rna, Digital Pcr Analysis Of 9 Genes (Egfr, Kras, Braf, Alk, Ros1, Ret, Ntrk 1/2/3, Erbb2, And Met) In Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, And Reported As Actionable Detected Variants For Therapy Selection | Carelon | Add effective 07/01/2025 |
| 0481U | Molecular Genetic Lab Testing | Idh1 (Isocitrate Dehydrogenase 1 [Nadp+]), Idh2 (Isocitrate Dehydrogenase 2 [Nadp+]), And Tert (Telomerase Reverse Transcriptase) Promoter (Eg, Central Nervous System [Cns] Tumors), Next-Generation Sequencing (Single-Nucleotide Variants [Snv], Deletions, And Insertions) | Carelon | Add effective 07/01/2025 |
| 0485U | Molecular Genetic Lab Testing | Oncology (Solid Tumor), Cell-Free Dna And Rna By Next-Generation Sequencing, Interpretative Report For Germline Mutations, Clonal Hematopoiesis Of Indeterminate Potential, And Tumor-Derived Single-Nucleotide Variants, Small Insertions/Deletions, Copy Number Alterations, Fusions, Microsatellite Instability, And Tumor Mutational Burden | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|--------------------------|
| 0486U | Molecular Genetic Lab Testing | Oncology (Pan-Solid Tumor), Next-Generation Sequencing Analysis Of Tumor Methylation Markers Present In Cell-Free Circulating Tumor Dna, Algorithm Reported As Quantitative Measurement Of Methylation As A Correlate Of Tumor Fraction | Carelon | Add effective 07/01/2025 |
| 0487U | Molecular Genetic Lab Testing | Oncology (Solid Tumor), Cell-Free Circulating Dna, Targeted Genomic Sequence Analysis Panel Of 84 Genes, Interrogation For Sequence Variants, Aneuploidy-Corrected Gene Copy Number Amplifications And Losses, Gene Rearrangements, And Microsatellite Instability | Carelon | Add effective 07/01/2025 |
| 0488U | Molecular Genetic Lab Testing | Obstetrics (Fetal Antigen Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis For Detection Of Fetal Presence Or Absence Of 1 Or More Of The Rh, C, C, D, E, Duffy (Fya), Or Kell (K) Antigen In Alloimmunized Pregnancies, Reported As Selected Antigen(S) Detected Or Not Detected | Carelon | Add effective 07/01/2025 |
| 0489U | Molecular Genetic Lab Testing | Obstetrics (Single-Gene Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis Of 1 Or More Targets (Eg, Cfr, Smn1, Hbb, Hba1, Hba2) To Identify Paternally Inherited Pathogenic Variants, And Relative Mutation-Dosage Analysis Based On Molecular Counts To Determine Fetal Inheritance Of Maternal Mutation, Algorithm Reported As A Fetal Risk Score For The Condition (Eg, Cystic Fibrosis, Spinal Muscular Atrophy, Beta Hemoglobinopathies [Including Sickle Cell Disease], Alpha Thalassemia) | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|--------------------------|
| 0493U | Molecular Genetic Lab Testing | Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna (Cfdna) Using Next-Generation Sequencing, Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna | Carelon | Add effective 07/01/2025 |
| 0494U | Molecular Genetic Lab Testing | Red Blood Cell Antigen (Fetal Rhd Gene Analysis), Next-Generation Sequencing Of Circulating Cell-Free Dna (Cfdna) Of Blood In Pregnant Individuals Known To Be Rhd Negative, Reported As Positive Or Negative | Carelon | Add effective 07/01/2025 |
| 0496U | Molecular Genetic Lab Testing | Oncology (Colorectal), Cell-Free Dna, 8 Genes For Mutations, 7 Genes For Methylation By Real-Time Rt-Pcr, And 4 Proteins By Enzyme-Linked Immunosorbent Assay, Blood, Reported Positive Or Negative For Colorectal Cancer Or Advanced Adenoma Risk | Carelon | Add effective 07/01/2025 |
| 0497U | Molecular Genetic Lab Testing | Oncology (Prostate), Mrna Gene-Expression Profiling By Real-Time Rt-Pcr Of 6 Genes (Foxm1, Mcm3, Mtus1, Ttc21B, Alas1, And Ppp2Ca), Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported As A Risk Score For Prostate Cancer | Carelon | Add effective 07/01/2025 |
| 0498U | Molecular Genetic Lab Testing | Oncology (Colorectal), Next-Generation Sequencing For Mutation Detection In 43 Genes And Methylation Pattern In 45 Genes, Blood, And Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Report Of Variants And Methylation Pattern With Interpretation | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|--------------------------|
| 0499U | Molecular Genetic Lab Testing | Oncology (Colorectal And Lung), Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Next-Generation Sequencing Of 8 Genes (Nras, Egfr, Ctnnb1, Pik3Ca, Apc, Braf, Kras, And Tp53), Mutation Detection | Carelon | Add effective 07/01/2025 |
| 0500U | Molecular Genetic Lab Testing | Autoinflammatory Disease (Vexas Syndrome), Dna, Uba1 Gene Mutations, Targeted Variant Analysis (M41T, M41V, M41L, C.118-2A>C, C.118-1G>C, C.118-9_118-2Del, S56F, S621C) | Carelon | Add effective 07/01/2025 |
| 0506U | Molecular Genetic Lab Testing | Gastroenterology (Barrett'S Esophagus), Esophageal Cells, Dna Methylation Analysis By Next-Generation Sequencing Of At Least 89 Differentially Methylated Genomic Regions, Algorithm Reported As Likelihood For Barrett'S Esophagus | Carelon | Add effective 07/01/2025 |
| 0507U | Molecular Genetic Lab Testing | Oncology (Ovarian), Dna, Whole-Genome Sequencing With 5-Hydroxymethylcytosine (5Hmc) Enrichment, Using Whole Blood Or Plasma, Algorithm Reported As Cancer Detected Or Not Detected | Carelon | Add effective 07/01/2025 |
| 0508U | Molecular Genetic Lab Testing | Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using 40 Single-Nucleotide Polymorphisms (Snps), Plasma, And Urine, Initial Evaluation Reported As Percentage Of Donor-Derived Cell-Free Dna With Risk For Active Rejection | Carelon | Add effective 07/01/2025 |
| 0509U | Molecular Genetic Lab Testing | Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using Up To 12 Single-Nucleotide Polymorphisms (Snps) Previously Identified, Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna With Risk For Active Rejection | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|--------------------------|
| 0516U | Molecular Genetic Lab Testing | Drug Metabolism, Whole Blood, Pharmacogenomic Genotyping Of 40 Genes And Cyp2D6 Copy Number Variant Analysis, Reported As Metabolizer Status | Carelon | Add effective 07/01/2025 |
| 0523U | Molecular Genetic Lab Testing | Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change | Carelon | Add effective 04/01/2025 |
| 0529U | Molecular Genetic Lab Testing | Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE | Carelon | Add effective 04/01/2025 |
| 0530U | Molecular Genetic Lab Testing | Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association | Carelon | Add effective 04/01/2025 |
| 0532U | Molecular Genetic Lab Testing | Rare Diseases (Constitutional Disease/Hereditary Disorders), Rapid Whole Genome And Mitochondrial Dna Sequencing For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Variations, Peripheral Blood, Buffy Coat, Saliva, Buccal Or Tissue Sample, Results Reported As Positive Or Negative | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|--|------------|--------------------------|
| 0533U | Molecular Genetic Lab Testing | Drug Metabolism (Adverse Drug Reactions And Drug Response), Genotyping Of 16 Genes (Ie, Abcg2, Cyp2B6, Cyp2C9, Cyp2C19, Cyp2C, Cyp2D6, Cyp3A5, Cyp4F2, Dpyd, G6Pd, Ggcx, Nudt15, Slco1B1, Tpm1, Ugt1A1, Vkorc1), Reported As Metabolizer Status And Transporter Function | Carelon | Add effective 07/01/2025 |
| 0534U | Molecular Genetic Lab Testing | Oncology (Prostate), Microrna, Single-Nucleotide Polymorphisms (Snps) Analysis By Rt-Pcr Of 32 Variants, Using Buccal Swab, Algorithm Reported As A Risk Score | Carelon | Add effective 07/01/2025 |
| 0536U | Molecular Genetic Lab Testing | Red Blood Cell Antigen (Fetal Rhd), Pcr Analysis Of Exon 4 Of Rhd Gene And Housekeeping Control Gene Gapdh From Whole Blood In Pregnant Individuals At 10+ Weeks Gestation Known To Be Rhd Negative, Reported As Fetal Rhd Status | Carelon | Add effective 07/01/2025 |
| 0537U | Molecular Genetic Lab Testing | Oncology (Colorectal Cancer), Analysis Of Cell-Free Dna For Epigenomic Patterns, Next-Generation Sequencing, >2500 Differentially Methylated Regions (Dmrs), Plasma, Algorithm Reported As Positive Or Negative | Carelon | Add effective 07/01/2025 |
| 0538U | Molecular Genetic Lab Testing | Oncology (Solid Tumor), Next-Generation Targeted Sequencing Analysis, Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Dna Analysis Of 600 Genes, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, And Copy Number Alterations, Microsatellite Instability, Tumor Mutation Burden, Reported As Actionable Variant | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|--------------------------|
| 0539U | Molecular Genetic Lab Testing | Oncology (Solid Tumor), Cell-Free Circulating Tumor Dna (Ctdna), 152 Genes, Next-Generation Sequencing, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, Copy Number Alterations, And Microsatellite Instability, Using Whole-Blood Samples, Mutations With Clinical Actionability Reported As Actionable Variant | Carelon | Add effective 07/01/2025 |
| 0540U | Molecular Genetic Lab Testing | Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using Next-Generation Sequencing Analysis Of Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna To Determine Probability Of Rejection | Carelon | Add effective 07/01/2025 |
| 0543U | Molecular Genetic Lab Testing | Oncology (Solid Tumor), Next-Generation Sequencing Of Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Of 517 Genes, Interrogation For Single-Nucleotide Variants, Multi-Nucleotide Variants, Insertions And Deletions From Dna, Fusions In 24 Genes And Splice Variants In 1 Gene From Rna, And Tumor Mutation Burden | Carelon | Add effective 07/01/2025 |
| 0544U | Molecular Genetic Lab Testing | Nephrology (Transplant Monitoring), 48 Variants By Digital Pcr, Using Cell-Free Dna From Plasma, Donor-Derived Cell-Free Dna, Percentage Reported As Risk Rejection | Carelon | Add effective 07/01/2025 |
| 0549U | Molecular Genetic Lab Testing | Oncology (Urothelial), Dna, Quantitative Methylated Real-Time Pcr Of Trna-Cys, Sim2, And Nkx1-1, Using Urine, Diagnostic Algorithm Reported As A Probability Index For Bladder Cancer And/Or Upper Tract Urothelial Carcinoma (Utuc) | Carelon | Add effective 07/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|-------------------------------|---|------------|---------|
| G9143 | Molecular Genetic Lab Testing | Warfarin Responsiveness Testing By Genetic Technique Using Any Method Any Number Of Specimen(S) | Carelon | — |
| S3800 | Molecular Genetic Lab Testing | Genetic Testing For Amyotrophic Lateral Sclerosis (Als) | Carelon | — |
| S3840 | Molecular Genetic Lab Testing | Dna Analysis For Germline Mutations Of The Ret Proto-Oncogene For Susceptibility To Multiple Endocrine Neoplasia Type 2 | Carelon | — |
| S3841 | Molecular Genetic Lab Testing | Genetic Testing For Retinoblastoma | Carelon | — |
| S3842 | Molecular Genetic Lab Testing | Genetic Testing For Von Hippel-Lindau Disease | Carelon | — |
| S3844 | Molecular Genetic Lab Testing | Dna Analysis Of The Connexin 26 Gene (Gjb2) For Susceptibility To Congenital Profound Deafness | Carelon | — |
| S3845 | Molecular Genetic Lab Testing | Genetic Testing For Alpha-Thalassemia | Carelon | — |
| S3846 | Molecular Genetic Lab Testing | Genetic Testing For Hemoglobin E Beta-Thalassemia | Carelon | — |
| S3849 | Molecular Genetic Lab Testing | Genetic Testing For Niemann-Pick Disease | Carelon | — |
| S3850 | Molecular Genetic Lab Testing | Genetic Testing For Sickle Cell Anemia | Carelon | — |
| S3852 | Molecular Genetic Lab Testing | Dna Analysis For Apoe Epsilon 4 Allele For Susceptibility To Alzheimer'S Disease | Carelon | — |
| S3853 | Molecular Genetic Lab Testing | Genetic Testing For Myotonic Muscular Dystrophy | Carelon | — |
| S3854 | Molecular Genetic Lab Testing | Gene Expression Profiling Panel For Use In The Management Of Breast Cancer Treatment | Carelon | — |
| S3861 | Molecular Genetic Lab Testing | Genetic Testing Sodium Channel Voltage-Gated Type V Alpha Subunit (Scn5A) And Variants For Suspected Brugada Syndrome | Carelon | — |
| S3865 | Molecular Genetic Lab Testing | Comprehensive Gene Sequence Analysis For Hypertrophic Cardiomyopathy | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|-------------------------|
| S3866 | Molecular Genetic Lab Testing | Genetic Analysis For A Specific Gene Mutation For Hypertrophic Cardiomyopathy (Hcm) In An Individual With A Known Hcm Mutation In The Family | Carelon | — |
| S3870 | Molecular Genetic Lab Testing | Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay Autism Spectrum Disorder And/Or Intellectual Disability | Carelon | — |
| 0627T | Musculoskeletal Joint, Spine Surgery | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | Carelon | Add effective 10/1/2025 |
| 0628T | Musculoskeletal Joint, Spine Surgery | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | Carelon | Add effective 10/1/2025 |
| 0629T | Musculoskeletal Joint, Spine Surgery | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | Carelon | Add effective 10/1/2025 |
| 0630T | Musculoskeletal Joint, Spine Surgery | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | Carelon | Add effective 10/1/2025 |
| 20930 | Musculoskeletal Joint, Spine Surgery | Allograft Morselized Or Placement Of Osteopromotive Material For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 20931 | Musculoskeletal Joint, Spine Surgery | Allograft Structural For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20932 | Musculoskeletal Joint, Spine Surgery | Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Osteoarticular Including Articular Surface And Contiguous Bone (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20933 | Musculoskeletal Joint, Spine Surgery | Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Hemicortical Intercalary Partial (Ie Hemicylindrical) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20934 | Musculoskeletal Joint, Spine Surgery | Allograft Includes Templating Cutting Placement And Internal Fixation When Performed; Intercalary Complete (Ie Cylindrical) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20936 | Musculoskeletal Joint, Spine Surgery | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg Ribs Spinous Process Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20937 | Musculoskeletal Joint, Spine Surgery | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20938 | Musculoskeletal Joint, Spine Surgery | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 20939 | Musculoskeletal Joint, Spine Surgery | Bone Marrow Aspiration For Bone Grafting Spine Surgery Only Through Separate Skin Or Fascial Incision (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 20974 | Musculoskeletal Joint, Spine Surgery | Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative) | Carelon | — |
| 20975 | Musculoskeletal Joint, Spine Surgery | Electrical Stimulation To Aid Bone Healing; Invasive (Operative) | Carelon | — |
| 22206 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Thoracic | Carelon | — |
| 22207 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Lumbar | Carelon | — |
| 22208 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22210 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Cervical | Carelon | — |
| 22212 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Thoracic | Carelon | — |
| 22214 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Lumbar | Carelon | — |
| 22216 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Posterior Or Posterolateral Approach 1 Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 22220 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Cervical | Carelon | — |
| 22222 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Thoracic | Carelon | — |
| 22224 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Lumbar | Carelon | — |
| 22226 | Musculoskeletal Joint, Spine Surgery | Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22510 | Musculoskeletal Joint, Spine Surgery | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Cervicothoracic | Carelon | — |
| 22511 | Musculoskeletal Joint, Spine Surgery | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Lumbosacral | Carelon | — |
| 22512 | Musculoskeletal Joint, Spine Surgery | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed) 1 Vertebral Body Unilateral Or Bilateral Injection Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 22513 | Musculoskeletal Joint, Spine Surgery | Percutaneous Vertebral Augmentation Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg Kyphoplasty) 1 Vertebral Body Unilateral Or Bilateral Cannulation Inclusive Of All Imaging Guidance; Thoracic | Carelon | — |
| 22514 | Musculoskeletal Joint, Spine Surgery | Percutaneous Vertebral Augmentation Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg Kyphoplasty) 1 Vertebral Body Unilateral Or Bilateral Cannulation Inclusive Of All Imaging Guidance; Lumbar | Carelon | — |
| 22515 | Musculoskeletal Joint, Spine Surgery | Percutaneous Vertebral Augmentation Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg Kyphoplasty) 1 Vertebral Body Unilateral Or Bilateral Cannulation Inclusive Of All Imaging Guidance; Each Additional Thoracic Or Lumbar Vertebral Body (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22532 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic | Carelon | — |
| 22533 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 22534 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Lateral Extracavitary Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22548 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Transoral Or Extraoral Technique Clivus-C1-C2 (Atlas-Axis) With Or Without Excision Of Odontoid Process | Carelon | — |
| 22551 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Interbody Including Disc Space Preparation Discectomy Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2 | Carelon | — |
| 22552 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Interbody Including Disc Space Preparation Discectomy Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2 Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22554 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2 | Carelon | — |
| 22556 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic | Carelon | — |
| 22558 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 22585 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior Interbody Technique Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22590 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Technique Craniocervical (Occiput-C2) | Carelon | — |
| 22595 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Technique Atlas-Axis (C1-C2) | Carelon | — |
| 22600 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Cervical Below C2 Segment | Carelon | — |
| 22610 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Thoracic (With Lateral Transverse Technique When Performed) | Carelon | — |
| 22612 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Lumbar (With Lateral Transverse Technique When Performed) | Carelon | — |
| 22614 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Or Posterolateral Technique Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22630 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Interbody Technique Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar; | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 22632 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior Interbody Technique Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22633 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar; | Carelon | — |
| 22634 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression) Single Interspace Lumbar; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22800 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior For Spinal Deformity With Or Without Cast; Up To 6 Vertebral Segments | Carelon | — |
| 22802 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior For Spinal Deformity With Or Without Cast; 7 To 12 Vertebral Segments | Carelon | — |
| 22804 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Posterior For Spinal Deformity With Or Without Cast; 13 Or More Vertebral Segments | Carelon | — |
| 22808 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 2 To 3 Vertebral Segments | Carelon | — |
| 22810 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 4 To 7 Vertebral Segments | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 22812 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 8 Or More Vertebral Segments | Carelon | — |
| 22818 | Musculoskeletal Joint, Spine Surgery | Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); Single Or 2 Segments | Carelon | — |
| 22819 | Musculoskeletal Joint, Spine Surgery | Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); 3 Or More Segments | Carelon | — |
| 22830 | Musculoskeletal Joint, Spine Surgery | Exploration Of Spinal Fusion | Carelon | — |
| 22840 | Musculoskeletal Joint, Spine Surgery | Posterior Non-Segmental Instrumentation (Eg Harrington Rod Technique Pedicle Fixation Across 1 Interspace Atlantoaxial Transarticular Screw Fixation Sublaminar Wiring At C1 Facet Screw Fixation) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22841 | Musculoskeletal Joint, Spine Surgery | Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22842 | Musculoskeletal Joint, Spine Surgery | Posterior Segmental Instrumentation (Eg Pedicle Fixation Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22843 | Musculoskeletal Joint, Spine Surgery | Posterior Segmental Instrumentation (Eg Pedicle Fixation Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 22844 | Musculoskeletal Joint, Spine Surgery | Posterior Segmental Instrumentation (Eg Pedicle Fixation Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22845 | Musculoskeletal Joint, Spine Surgery | Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22846 | Musculoskeletal Joint, Spine Surgery | Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22847 | Musculoskeletal Joint, Spine Surgery | Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22848 | Musculoskeletal Joint, Spine Surgery | Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22849 | Musculoskeletal Joint, Spine Surgery | Reinsertion Of Spinal Fixation Device | Carelon | — |
| 22853 | Musculoskeletal Joint, Spine Surgery | Insertion Of Interbody Biomechanical Device(S) (Eg Synthetic Cage Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg Screws Flanges) When Performed To Intervertebral Disc Space In Conjunction With Interbody Arthrodesis Each Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 22854 | Musculoskeletal Joint, Spine Surgery | Insertion Of Intervertebral Biomechanical Device(S) (Eg Synthetic Cage Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg Screws Flanges) When Performed To Vertebral Corpectomy(les) (Vertebral Body Resection Partial Or Complete) Defect In Conjunction With Interbody Arthrodesis Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22856 | Musculoskeletal Joint, Spine Surgery | Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Single Interspace Cervical | Carelon | — |
| 22857 | Musculoskeletal Joint, Spine Surgery | Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy To Prepare Interspace (Other Than For Decompression); Single Interspace Lumbar | Carelon | — |
| 22858 | Musculoskeletal Joint, Spine Surgery | Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level Cervical (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 22859 | Musculoskeletal Joint, Spine Surgery | Insertion Of Intervertebral Biomechanical Device(S) (Eg Synthetic Cage Mesh Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22860 | Musculoskeletal Joint, Spine Surgery | Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy To Prepare Interspace (Other Than For Decompression); Second Interspace Lumbar (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 22861 | Musculoskeletal Joint, Spine Surgery | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Cervical | Carelon | — |
| 22862 | Musculoskeletal Joint, Spine Surgery | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Lumbar | Carelon | — |
| 22864 | Musculoskeletal Joint, Spine Surgery | Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Cervical | Carelon | — |
| 22865 | Musculoskeletal Joint, Spine Surgery | Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Single Interspace; Lumbar | Carelon | — |
| 23105 | Musculoskeletal Joint, Spine Surgery | Arthrotomy; Glenohumeral Joint With Synovectomy With Or Without Biopsy | Carelon | — |
| 23107 | Musculoskeletal Joint, Spine Surgery | Arthrotomy Glenohumeral Joint With Joint Exploration With Or Without Removal Of Loose Or Foreign Body | Carelon | — |
| 23120 | Musculoskeletal Joint, Spine Surgery | Claviculectomy; Partial | Carelon | — |
| 23410 | Musculoskeletal Joint, Spine Surgery | Repair Of Ruptured Musculotendinous Cuff (Eg Rotator Cuff) Open; Acute | Carelon | — |
| 23412 | Musculoskeletal Joint, Spine Surgery | Repair Of Ruptured Musculotendinous Cuff (Eg Rotator Cuff) Open; Chronic | Carelon | — |
| 23415 | Musculoskeletal Joint, Spine Surgery | Coracoacromial Ligament Release With Or Without Acromioplasty | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 23420 | Musculoskeletal Joint, Spine Surgery | Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion Chronic (Includes Acromioplasty) | Carelon | — |
| 23430 | Musculoskeletal Joint, Spine Surgery | Tenodesis Of Long Tendon Of Biceps | Carelon | — |
| 23440 | Musculoskeletal Joint, Spine Surgery | Resection Or Transplantation Of Long Tendon Of Biceps | Carelon | — |
| 23450 | Musculoskeletal Joint, Spine Surgery | Capsulorrhaphy Anterior; Putti-Platt Procedure Or Magnuson Type Operation | Carelon | — |
| 23455 | Musculoskeletal Joint, Spine Surgery | Capsulorrhaphy Anterior; With Labral Repair (Eg Bankart Procedure) | Carelon | — |
| 23460 | Musculoskeletal Joint, Spine Surgery | Capsulorrhaphy Anterior Any Type; With Bone Block | Carelon | — |
| 23462 | Musculoskeletal Joint, Spine Surgery | Capsulorrhaphy Anterior Any Type; With Coracoid Process Transfer | Carelon | — |
| 23465 | Musculoskeletal Joint, Spine Surgery | Capsulorrhaphy Glenohumeral Joint Posterior With Or Without Bone Block | Carelon | — |
| 23466 | Musculoskeletal Joint, Spine Surgery | Capsulorrhaphy Glenohumeral Joint Any Type Multidirectional Instability | Carelon | — |
| 23470 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Glenohumeral Joint; Hemiarthroplasty | Carelon | — |
| 23472 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral Replacement (Eg Total Shoulder)) | Carelon | — |
| 23473 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Shoulder Arthroplasty Including Allograft When Performed; Humeral Or Glenoid Component | Carelon | — |
| 23474 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Shoulder Arthroplasty Including Allograft When Performed; Humeral And Glenoid Component | Carelon | — |
| 23700 | Musculoskeletal Joint, Spine Surgery | Manipulation Under Anesthesia Shoulder Joint Including Application Of Fixation Apparatus (Dislocation Excluded) | Carelon | — |
| 27120 | Musculoskeletal Joint, Spine Surgery | Acetabuloplasty; (Eg Whitman Colonna Haygroves Or Cup Type) | Carelon | — |
| 27122 | Musculoskeletal Joint, Spine Surgery | Acetabuloplasty; Resection Femoral Head (Eg Girdlestone Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 27125 | Musculoskeletal Joint, Spine Surgery | Hemiarthroplasty Hip Partial (Eg Femoral Stem Prosthesis Bipolar Arthroplasty) | Carelon | — |
| 27130 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty) With Or Without Autograft Or Allograft | Carelon | — |
| 27132 | Musculoskeletal Joint, Spine Surgery | Conversion Of Previous Hip Surgery To Total Hip Arthroplasty With Or Without Autograft Or Allograft | Carelon | — |
| 27134 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Hip Arthroplasty; Both Components With Or Without Autograft Or Allograft | Carelon | — |
| 27137 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Hip Arthroplasty; Acetabular Component Only With Or Without Autograft Or Allograft | Carelon | — |
| 27138 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Hip Arthroplasty; Femoral Component Only With Or Without Allograft | Carelon | — |
| 27279 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Sacroiliac Joint Percutaneous Or Minimally Invasive (Indirect Visualization) With Image Guidance Includes Obtaining Bone Graft When Performed And Placement Of Transfixing Device | Carelon | — |
| 27280 | Musculoskeletal Joint, Spine Surgery | Arthrodesis Sacroiliac Joint Open Includes Obtaining Bone Graft Including Instrumentation When Performed | Carelon | — |
| 27331 | Musculoskeletal Joint, Spine Surgery | Arthrotomy Knee; Including Joint Exploration Biopsy Or Removal Of Loose Or Foreign Bodies | Carelon | — |
| 27332 | Musculoskeletal Joint, Spine Surgery | Arthrotomy With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial Or Lateral | Carelon | — |
| 27333 | Musculoskeletal Joint, Spine Surgery | Arthrotomy With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial And Lateral | Carelon | — |
| 27334 | Musculoskeletal Joint, Spine Surgery | Arthrotomy With Synovectomy Knee; Anterior Or Posterior | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---|
| 27335 | Musculoskeletal Joint, Spine Surgery | Arthrotomy With Synovectomy Knee; Anterior And Posterior Including Popliteal Area | Carelon | — |
| 27345 | Musculoskeletal Joint, Spine Surgery | Excision Of Synovial Cyst Of Popliteal Space (Eg Baker'S Cyst) | Carelon | — |
| 27403 | Musculoskeletal Joint, Spine Surgery | Arthrotomy With Meniscus Repair Knee | Carelon | — |
| 27405 | Musculoskeletal Joint, Spine Surgery | Repair Primary Torn Ligament And/Or Capsule Knee; Collateral | Carelon | — |
| 27407 | Musculoskeletal Joint, Spine Surgery | Repair Primary Torn Ligament And/Or Capsule Knee; Cruciate | Carelon | — |
| 27409 | Musculoskeletal Joint, Spine Surgery | Repair Primary Torn Ligament And/Or Capsule Knee; Collateral And Cruciate Ligaments | Carelon | — |
| 27412 | Musculoskeletal Joint, Spine Surgery | Autologous Chondrocyte Implantation Knee | Carelon | Prior Authorization required through Carelon. |
| 27415 | Musculoskeletal Joint, Spine Surgery | Osteochondral Allograft Knee Open | Carelon | — |
| 27416 | Musculoskeletal Joint, Spine Surgery | Osteochondral Autograft(S) Knee Open (Eg Mosaicplasty) (Includes Harvesting Of Autograft[S]) | Carelon | — |
| 27425 | Musculoskeletal Joint, Spine Surgery | Lateral Retinacular Release Open | Carelon | — |
| 27427 | Musculoskeletal Joint, Spine Surgery | Ligamentous Reconstruction (Augmentation) Knee; Extra-Articular | Carelon | — |
| 27428 | Musculoskeletal Joint, Spine Surgery | Ligamentous Reconstruction (Augmentation) Knee; Intra-Articular (Open) | Carelon | — |
| 27429 | Musculoskeletal Joint, Spine Surgery | Ligamentous Reconstruction (Augmentation) Knee; Intra-Articular (Open) And Extra-Articular | Carelon | — |
| 27437 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Patella; Without Prosthesis | Carelon | — |
| 27438 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Patella; With Prosthesis | Carelon | — |
| 27440 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Knee Tibial Plateau; | Carelon | — |
| 27441 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Knee Tibial Plateau; With Debridement And Partial Synovectomy | Carelon | — |
| 27442 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Femoral Condyles Or Tibial Plateau(S) Knee; | Carelon | — |
| 27443 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Femoral Condyles Or Tibial Plateau(S) Knee; With Debridement And Partial Synovectomy | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 27445 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Knee Hinge Prosthesis (Eg Walldius Type) | Carelon | — |
| 27446 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Knee Condyle And Plateau; Medial Or Lateral Compartment | Carelon | — |
| 27447 | Musculoskeletal Joint, Spine Surgery | Arthroplasty Knee Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty) | Carelon | — |
| 27486 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Knee Arthroplasty With Or Without Allograft; 1 Component | Carelon | — |
| 27487 | Musculoskeletal Joint, Spine Surgery | Revision Of Total Knee Arthroplasty With Or Without Allograft; Femoral And Entire Tibial Component | Carelon | — |
| 27488 | Musculoskeletal Joint, Spine Surgery | Removal Of Prosthesis Including Total Knee Prosthesis Methylmethacrylate With Or Without Insertion Of Spacer Knee | Carelon | — |
| 28446 | Musculoskeletal Joint, Spine Surgery | Open Osteochondral Autograft Talus (Includes Obtaining Graft[S]) | Carelon | — |
| 29805 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Diagnostic With Or Without Synovial Biopsy (Separate Procedure) | Carelon | — |
| 29806 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Capsulorrhaphy | Carelon | — |
| 29807 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Repair Of Slap Lesion | Carelon | — |
| 29819 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; With Removal Of Loose Body Or Foreign Body | Carelon | — |
| 29820 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Synovectomy Partial | Carelon | — |
| 29821 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Synovectomy Complete | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 29822 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Debridement Limited 1 Or 2 Discrete Structures (Eg Humeral Bone Humeral Articular Cartilage Glenoid Bone Glenoid Articular Cartilage Biceps Tendon Biceps Anchor Complex Labrum Articular Capsule Articular Side Of The Rotator Cuff Bursal Side Of The Rotator Cuff Subacromial Bursa Foreign Body[les]) | Carelon | — |
| 29823 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Debridement Extensive 3 Or More Discrete Structures (Eg Humeral Bone Humeral Articular Cartilage Glenoid Bone Glenoid Articular Cartilage Biceps Tendon Biceps Anchor Complex Labrum Articular Capsule Articular Side Of The Rotator Cuff Bursal Side Of The Rotator Cuff Subacromial Bursa Foreign Body[les]) | Carelon | — |
| 29824 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Distal Claviclectomy Including Distal Articular Surface (Mumford Procedure) | Carelon | — |
| 29825 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; With Lysis And Resection Of Adhesions With Or Without Manipulation | Carelon | — |
| 29826 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Decompression Of Subacromial Space With Partial Acromioplasty With Coracoacromial Ligament (Ie Arch) Release When Performed (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 29827 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; With Rotator Cuff Repair | Carelon | — |
| 29828 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Shoulder Surgical; Biceps Tenodesis | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 29860 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Diagnostic With Or Without Synovial Biopsy (Separate Procedure) | Carelon | — |
| 29861 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Surgical; With Removal Of Loose Body Or Foreign Body | Carelon | — |
| 29862 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty) Abrasion Arthroplasty And/Or Resection Of Labrum | Carelon | — |
| 29863 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Surgical; With Synovectomy | Carelon | — |
| 29866 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Osteochondral Autograft(S) (Eg Mosaicplasty) (Includes Harvesting Of The Autograft[S]) | Carelon | — |
| 29867 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Osteochondral Allograft (Eg Mosaicplasty) | Carelon | — |
| 29868 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion) Medial Or Lateral | Carelon | — |
| 29870 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Diagnostic With Or Without Synovial Biopsy (Separate Procedure) | Carelon | — |
| 29871 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; For Infection Lavage And Drainage | Carelon | — |
| 29873 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; With Lateral Release | Carelon | — |
| 29874 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation Chondral Fragmentation) | Carelon | — |
| 29875 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Synovectomy Limited (Eg Plica Or Shelf Resection) (Separate Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 29876 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Synovectomy Major 2 Or More Compartments (Eg Medial Or Lateral) | Carelon | — |
| 29877 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) | Carelon | — |
| 29879 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture | Carelon | — |
| 29880 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; With Meniscectomy (Medial And Lateral Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty) Same Or Separate Compartment(S) When Performed | Carelon | — |
| 29881 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; With Meniscectomy (Medial Or Lateral Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty) Same Or Separate Compartment(S) When Performed | Carelon | — |
| 29882 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; With Meniscus Repair (Medial Or Lateral) | Carelon | — |
| 29883 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; With Meniscus Repair (Medial And Lateral) | Carelon | — |
| 29884 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure) | Carelon | — |
| 29885 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting With Or Without Internal Fixation (Including Debridement Of Base Of Lesion) | Carelon | — |
| 29886 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Drilling For Intact Osteochondritis Dissecans Lesion | Carelon | — |
| 29887 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 29888 | Musculoskeletal Joint, Spine Surgery | Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction | Carelon | — |
| 29889 | Musculoskeletal Joint, Spine Surgery | Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction | Carelon | — |
| 29892 | Musculoskeletal Joint, Spine Surgery | Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion Talar Dome Fracture Or Tibial Plafond Fracture With Or Without Internal Fixation (Includes Arthroscopy) | Carelon | — |
| 29914 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Surgical; With Femoroplasty (Ie Treatment Of Cam Lesion) | Carelon | — |
| 29915 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Surgical; With Acetabuloplasty (Ie Treatment Of Pincer Lesion) | Carelon | — |
| 29916 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Hip Surgical; With Labral Repair | Carelon | — |
| 62380 | Musculoskeletal Joint, Spine Surgery | Endoscopic Decompression Of Spinal Cord Nerve Root(S) Including Laminotomy Partial Facetectomy Foraminotomy Discectomy And/Or Excision Of Herniated Intervertebral Disc 1 Interspace Lumbar | Carelon | — |
| 63001 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) 1 Or 2 Vertebral Segments; Cervical | Carelon | — |
| 63003 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) 1 Or 2 Vertebral Segments; Thoracic | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 63005 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) 1 Or 2 Vertebral Segments; Lumbar Except For Spondylolisthesis | Carelon | — |
| 63012 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis Lumbar (Gill Type Procedure) | Carelon | — |
| 63015 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) More Than 2 Vertebral Segments; Cervical | Carelon | — |
| 63016 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) More Than 2 Vertebral Segments; Thoracic | Carelon | — |
| 63017 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina Without Facetectomy Foraminotomy Or Discectomy (Eg Spinal Stenosis) More Than 2 Vertebral Segments; Lumbar | Carelon | — |
| 63020 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace Cervical | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 63030 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace Lumbar | Carelon | — |
| 63035 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63040 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Cervical | Carelon | — |
| 63042 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Lumbar | Carelon | — |
| 63043 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 63044 | Musculoskeletal Joint, Spine Surgery | Laminotomy (Hemilaminectomy) With Decompression Of Nerve Root(S) Including Partial Facetectomy Foraminotomy And/Or Excision Of Herniated Intervertebral Disc Reexploration Single Interspace; Each Additional Lumbar Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63045 | Musculoskeletal Joint, Spine Surgery | Laminectomy Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) Single Vertebral Segment; Cervical | Carelon | — |
| 63046 | Musculoskeletal Joint, Spine Surgery | Laminectomy Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) Single Vertebral Segment; Thoracic | Carelon | — |
| 63047 | Musculoskeletal Joint, Spine Surgery | Laminectomy Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) Single Vertebral Segment; Lumbar | Carelon | — |
| 63048 | Musculoskeletal Joint, Spine Surgery | Laminectomy Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) Single Vertebral Segment; Each Additional Vertebral Segment Cervical Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 63050 | Musculoskeletal Joint, Spine Surgery | Laminoplasty Cervical With Decompression Of The Spinal Cord 2 Or More Vertebral Segments; | Carelon | – |
| 63051 | Musculoskeletal Joint, Spine Surgery | Laminoplasty Cervical With Decompression Of The Spinal Cord 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices [Eg Wire Suture Mini-Plates] When Performed) | Carelon | – |
| 63052 | Musculoskeletal Joint, Spine Surgery | Laminectomy Facetectomy Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) During Posterior Interbody Arthrodesis Lumbar; Single Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 63053 | Musculoskeletal Joint, Spine Surgery | Laminectomy Facetectomy Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord Cauda Equina And/Or Nerve Root[S] [Eg Spinal Or Lateral Recess Stenosis]) During Posterior Interbody Arthrodesis Lumbar; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 63055 | Musculoskeletal Joint, Spine Surgery | Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Thoracic | Carelon | – |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 63056 | Musculoskeletal Joint, Spine Surgery | Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Lumbar (Including Transfacet Or Lateral Extraforaminal Approach) (Eg Far Lateral Herniated Intervertebral Disc) | Carelon | — |
| 63057 | Musculoskeletal Joint, Spine Surgery | Transpedicular Approach With Decompression Of Spinal Cord Equina And/Or Nerve Root(S) (Eg Herniated Intervertebral Disc) Single Segment; Each Additional Segment Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63075 | Musculoskeletal Joint, Spine Surgery | Discectomy Anterior With Decompression Of Spinal Cord And/Or Nerve Root(S) Including Osteophytectomy; Cervical Single Interspace | Carelon | — |
| 63076 | Musculoskeletal Joint, Spine Surgery | Discectomy Anterior With Decompression Of Spinal Cord And/Or Nerve Root(S) Including Osteophytectomy; Cervical Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63081 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical Single Segment | Carelon | — |
| 63082 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical Each Additional Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 63085 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Single Segment | Carelon | — |
| 63086 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Thoracic Each Additional Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63087 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Combined Thoracolumbar Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Or Lumbar; Single Segment | Carelon | — |
| 63088 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Combined Thoracolumbar Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Or Lumbar; Each Additional Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63090 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Lumbar Or Sacral; Single Segment | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 63091 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord Cauda Equina Or Nerve Root(S) Lower Thoracic Lumbar Or Sacral; Each Additional Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63101 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Thoracic Single Segment | Carelon | — |
| 63102 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Lumbar Single Segment | Carelon | — |
| 63103 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg For Tumor Or Retropulsed Bone Fragments); Thoracic Or Lumbar Each Additional Segment (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63185 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Rhizotomy; 1 Or 2 Segments | Carelon | — |
| 63190 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Rhizotomy; More Than 2 Segments | Carelon | — |
| 63191 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Section Of Spinal Accessory Nerve | Carelon | — |
| 63200 | Musculoskeletal Joint, Spine Surgery | Laminectomy With Release Of Tethered Spinal Cord Lumbar | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 63250 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical | Carelon | — |
| 63252 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar | Carelon | — |
| 63265 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Excision Or Evacuation Of Intraspinial Lesion Other Than Neoplasm Extradural; Cervical | Carelon | — |
| 63267 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Excision Or Evacuation Of Intraspinial Lesion Other Than Neoplasm Extradural; Lumbar | Carelon | — |
| 63270 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Excision Of Intraspinial Lesion Other Than Neoplasm Intradural; Cervical | Carelon | — |
| 63272 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Excision Of Intraspinial Lesion Other Than Neoplasm Intradural; Lumbar | Carelon | — |
| 63275 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinial Neoplasm; Extradural Cervical | Carelon | — |
| 63277 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinial Neoplasm; Extradural Lumbar | Carelon | — |
| 63280 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinial Neoplasm; Intradural Extramedullary Cervical | Carelon | — |
| 63282 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinial Neoplasm; Intradural Extramedullary Lumbar | Carelon | — |
| 63285 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinial Neoplasm; Intradural Intramedullary Cervical | Carelon | — |
| 63287 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinial Neoplasm; Intradural Intramedullary Thoracolumbar | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 63290 | Musculoskeletal Joint, Spine Surgery | Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradural-Intradural Lesion Any Level | Carelon | — |
| 63300 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Cervical | Carelon | — |
| 63301 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Thoracic By Transthoracic Approach | Carelon | — |
| 63302 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Thoracic By Thoracolumbar Approach | Carelon | — |
| 63303 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Extradural Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach | Carelon | — |
| 63304 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Cervical | Carelon | — |
| 63305 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Thoracic By Transthoracic Approach | Carelon | — |
| 63306 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Thoracic By Thoracolumbar Approach | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|--------------------------|
| 63307 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Intradural Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach | Carelon | – |
| 63308 | Musculoskeletal Joint, Spine Surgery | Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinous Lesion Single Segment; Each Additional Segment (List Separately In Addition To Codes For Single Segment) | Carelon | – |
| 0095T | Musculoskeletal Joint, Spine Surgery | Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Cervical (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0098T | Musculoskeletal Joint, Spine Surgery | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Cervical (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0164T | Musculoskeletal Joint, Spine Surgery | Removal Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Lumbar (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0165T | Musculoskeletal Joint, Spine Surgery | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc) Anterior Approach Each Additional Interspace Lumbar (List Separately In Addition To Code For Primary Procedure) | Carelon | – |
| 0707T | Musculoskeletal Joint, Spine Surgery | Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), | Carelon | Add Effective 04/01/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| C9359 | Musculoskeletal Joint, Spine Surgery | Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Putty Integra Os Osteoconductive Scaffold Putty) Per 0.5 Cc | Carelon | — |
| C9362 | Musculoskeletal Joint, Spine Surgery | Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Strip) Per 0.5 Cc | Carelon | — |
| E0748 | Musculoskeletal Joint, Spine Surgery | Osteogenesis Stimulator Electrical Non-Invasive Spinal Applications | Carelon | — |
| E0749 | Musculoskeletal Joint, Spine Surgery | Osteogenesis Stimulator Electrical Surgically Implanted | Carelon | — |
| G0289 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical For Removal Of Loose Body Foreign Body Debridement/Shaving Of Articular Cartilage (Chrondroplasty) At The Time Of Other Surgical Knee Arthroscopy In A Different Compartment Of The Same Knee | Carelon | — |
| J7330 | Musculoskeletal Joint, Spine Surgery | Autologous Cultured Chondrocytes Implant | Carelon | — |
| S2112 | Musculoskeletal Joint, Spine Surgery | Arthroscopy Knee Surgical For Harvesting Of Cartilage (Chondrocyte Cells) | Carelon | — |
| 27096 | Musculoskeletal Pain | Injection Procedure For Sacroiliac Joint Anesthetic/Steroid With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed | Carelon | — |
| 62280 | Musculoskeletal Pain | Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Subarachnoid | Carelon | — |
| 62281 | Musculoskeletal Pain | Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Epidural Cervical Or Thoracic | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|--|------------|---------|
| 62282 | Musculoskeletal Pain | Injection/Infusion Of Neurolytic Substance (Eg Alcohol Phenol Iced Saline Solutions) With Or Without Other Therapeutic Substance; Epidural Lumbar Sacral (Caudal) | Carelon | — |
| 62292 | Musculoskeletal Pain | Injection Procedure For Chemonucleolysis Including Discography Intervertebral Disc Single Or Multiple Levels Lumbar | Carelon | — |
| 62320 | Musculoskeletal Pain | Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Cervical Or Thoracic; Without Imaging Guidance | Carelon | — |
| 62321 | Musculoskeletal Pain | Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Cervical Or Thoracic; With Imaging Guidance (Ie Fluoroscopy Or Ct) | Carelon | — |
| 62322 | Musculoskeletal Pain | Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Lumbar Or Sacral (Caudal); Without Imaging Guidance | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|--|------------|---------|
| 62323 | Musculoskeletal Pain | Injection(S) Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Including Needle Or Catheter Placement Interlaminar Epidural Or Subarachnoid Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie Fluoroscopy Or Ct) | Carelon | — |
| 62325 | Musculoskeletal Pain | Injection(S) Including Indwelling Catheter Placement Continuous Infusion Or Intermittent Bolus Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Interlaminar Epidural Or Subarachnoid Cervical Or Thoracic; With Imaging Guidance (Ie Fluoroscopy Or Ct) | Carelon | — |
| 62327 | Musculoskeletal Pain | Injection(S) Including Indwelling Catheter Placement Continuous Infusion Or Intermittent Bolus Of Diagnostic Or Therapeutic Substance(S) (Eg Anesthetic Antispasmodic Opioid Steroid Other Solution) Not Including Neurolytic Substances Interlaminar Epidural Or Subarachnoid Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie Fluoroscopy Or Ct) | Carelon | — |
| 62350 | Musculoskeletal Pain | Implantation Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|---|------------|---------|
| 62351 | Musculoskeletal Pain | Implantation Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy | Carelon | — |
| 62360 | Musculoskeletal Pain | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir | Carelon | — |
| 62361 | Musculoskeletal Pain | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Nonprogrammable Pump | Carelon | — |
| 62362 | Musculoskeletal Pain | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump Including Preparation Of Pump With Or Without Programming | Carelon | — |
| 63650 | Musculoskeletal Pain | Percutaneous Implantation Of Neurostimulator Electrode Array Epidural | Carelon | — |
| 63655 | Musculoskeletal Pain | Laminectomy For Implantation Of Neurostimulator Electrodes Plate/Paddle Epidural | Carelon | — |
| 63663 | Musculoskeletal Pain | Revision Including Replacement When Performed Of Spinal Neurostimulator Electrode Percutaneous Array(S) Including Fluoroscopy When Performed | Carelon | — |
| 63664 | Musculoskeletal Pain | Revision Including Replacement When Performed Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy Including Fluoroscopy When Performed | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|---|------------|---------|
| 63685 | Musculoskeletal Pain | Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver | Carelon | — |
| 63688 | Musculoskeletal Pain | Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver With Detachable Connection To Electrode Array | Carelon | — |
| 64451 | Musculoskeletal Pain | Injection(S) Anesthetic Agent(S) And/OR Steroid; Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography) | Carelon | — |
| 64479 | Musculoskeletal Pain | Injection(S) Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic Single Level | Carelon | — |
| 64480 | Musculoskeletal Pain | Injection(S) Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic Each Additional Level (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 64483 | Musculoskeletal Pain | Injection(S) Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral Single Level | Carelon | — |
| 64484 | Musculoskeletal Pain | Injection(S) Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural With Imaging Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral Each Additional Level (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|---|------------|---------|
| 64490 | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic; Single Level | Carelon | — |
| 64491 | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 64492 | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 64493 | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral; Single Level | Carelon | — |
| 64494 | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|---|------------|---------|
| 64495 | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct) Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 64510 | Musculoskeletal Pain | Injection Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic) | Carelon | — |
| 64520 | Musculoskeletal Pain | Injection Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic) | Carelon | — |
| 64625 | Musculoskeletal Pain | Radiofrequency Ablation Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography) | Carelon | — |
| 64633 | Musculoskeletal Pain | Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic Single Facet Joint | Carelon | — |
| 64634 | Musculoskeletal Pain | Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 64635 | Musculoskeletal Pain | Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral Single Facet Joint | Carelon | — |
| 64636 | Musculoskeletal Pain | Destruction By Neurolytic Agent Paravertebral Facet Joint Nerve(S) With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|--|------------|---------|
| 0213T | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Single Level | Carelon | — |
| 0214T | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0215T | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 0216T | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Single Level | Carelon | — |
| 0217T | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|----------------------|--|------------|---------|
| 0218T | Musculoskeletal Pain | Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 61850 | Neurology | Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical | BCBSNM | — |
| 61863 | Neurology | Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) Without Use Of Intraoperative Microelectrode Recording; First Array | BCBSNM | — |
| 61864 | Neurology | Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) Without Use Of Intraoperative Microelectrode Recording; Each Additional Array (List Separately In Addition To Primary Procedure) | BCBSNM | — |
| 61867 | Neurology | Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) With Use Of Intraoperative Microelectrode Recording; First Array | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--|---|------------|---------|
| 61868 | Neurology | Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) With Use Of Intraoperative Microelectrode Recording; Each Additional Array (List Separately In Addition To Primary Procedure) | BCBSNM | — |
| 64561 | Neurology | Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) Including Image Guidance If Performed | BCBSNM | — |
| 64581 | Neurology | Open Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) | BCBSNM | — |
| A4290 | Neurology | Sacral Nerve Stimulation Test Lead Each | BCBSNM | — |
| E0745 | Neurology | Neuromuscular Stimulator Electronic Shock Unit | BCBSNM | — |
| A0430 | Non-Emergent Air Ambulance | Ambulance Service Conventional Air Services Transport One Way (Fixed Wing) | BCBSNM | — |
| A0435 | Non-Emergent Air Ambulance | Fixed Wing Air Mileage Per Statute Mile | BCBSNM | — |
| 19316 | Outpatient Surgery (Breast) | Mastopexy | BCBSNM | — |
| 19318 | Outpatient Surgery (Breast) | Breast Reduction | BCBSNM | — |
| L8600 | Outpatient Surgery (Breast) | Implantable Breast Prosthesis Silicone Or Equal | BCBSNM | — |
| 15824 | Outpatient Surgery (Deactivation of Headache Triggers) | Rhytidectomy; Forehead | BCBSNM | — |
| 15826 | Outpatient Surgery (Deactivation of Headache Triggers) | Rhytidectomy; Glabellar Frown Lines | BCBSNM | — |
| 30130 | Outpatient Surgery (Deactivation of Headache Triggers) | Excision Inferior Turbinate Partial Or Complete Any Method | BCBSNM | — |
| 30140 | Outpatient Surgery (Deactivation of Headache Triggers) | Submucous Resection Inferior Turbinate Partial Or Complete Any Method | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--|---|------------|---------|
| 30520 | Outpatient Surgery (Deactivation of Headache Triggers) | Septoplasty Or Submucous Resection With Or Without Cartilage Scoring Contouring Or Replacement With Graft | BCBSNM | — |
| 64716 | Outpatient Surgery (Deactivation of Headache Triggers) | Neuroplasty And/Or Transposition; Cranial Nerve (Specify) | BCBSNM | — |
| 64732 | Outpatient Surgery (Deactivation of Headache Triggers) | Transection Or Avulsion Of; Supraorbital Nerve | BCBSNM | — |
| 64734 | Outpatient Surgery (Deactivation of Headache Triggers) | Transection Or Avulsion Of; Infraorbital Nerve | BCBSNM | — |
| 64771 | Outpatient Surgery (Deactivation of Headache Triggers) | Transection Or Avulsion Of Other Cranial Nerve Extradural | BCBSNM | — |
| 67900 | Outpatient Surgery (Deactivation of Headache Triggers) | Repair Of Brow Ptosis (Supraciliary Mid-Forehead Or Coronal Approach) | BCBSNM | — |
| 21085 | Outpatient Surgery (Jaw) | Impression And Custom Preparation; Oral Surgical Splint | BCBSNM | — |
| 21110 | Outpatient Surgery (Jaw) | Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation Includes Removal | BCBSNM | — |
| 21125 | Outpatient Surgery (Jaw) | Augmentation Mandibular Body Or Angle; Prosthetic Material | BCBSNM | — |
| 21127 | Outpatient Surgery (Jaw) | Augmentation Mandibular Body Or Angle; With Bone Graft Onlay Or Interpositional (Includes Obtaining Autograft) | BCBSNM | — |
| 21141 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction (Eg For Long Face Syndrome) Without Bone Graft | BCBSNM | — |
| 21142 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Without Bone Graft | BCBSNM | — |
| 21143 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort I; 3 Or More Pieces Segment Movement In Any Direction Without Bone Graft | BCBSNM | — |
| 21145 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------|---|------------|---------|
| 21146 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) (Eg Ungrafted Unilateral Alveolar Cleft) | BCBSNM | — |
| 21147 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort I; 3 Or More Pieces Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) (Eg Ungrafted Bilateral Alveolar Cleft Or Multiple Osteotomies) | BCBSNM | — |
| 21150 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort II; Anterior Intrusion (Eg Treacher-Collins Syndrome) | BCBSNM | — |
| 21151 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort II; Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) | BCBSNM | — |
| 21154 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort III (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I | BCBSNM | — |
| 21155 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort III (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I | BCBSNM | — |
| 21159 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort III (Extra And Intracranial) With Forehead Advancement (Eg Mono Bloc) Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I | BCBSNM | — |
| 21160 | Outpatient Surgery (Jaw) | Reconstruction Midface Lefort III (Extra And Intracranial) With Forehead Advancement (Eg Mono Bloc) Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I | BCBSNM | — |
| 21188 | Outpatient Surgery (Jaw) | Reconstruction Midface Osteotomies (Other Than Lefort Type) And Bone Grafts (Includes Obtaining Autografts) | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 21193 | Outpatient Surgery (Jaw) | Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; Without Bone Graft | BCBSNM | — |
| 21194 | Outpatient Surgery (Jaw) | Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; With Bone Graft (Includes Obtaining Graft) | BCBSNM | — |
| 21195 | Outpatient Surgery (Jaw) | Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; Without Internal Rigid Fixation | BCBSNM | — |
| 21196 | Outpatient Surgery (Jaw) | Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; With Internal Rigid Fixation | BCBSNM | — |
| 21198 | Outpatient Surgery (Jaw) | Osteotomy Mandible Segmental; | BCBSNM | — |
| 21199 | Outpatient Surgery (Jaw) | Osteotomy Mandible Segmental; With Genioglossus Advancement | BCBSNM | — |
| 21206 | Outpatient Surgery (Jaw) | Osteotomy Maxilla Segmental (Eg Wassmund Or Schuchard) | BCBSNM | — |
| 21208 | Outpatient Surgery (Jaw) | Osteoplasty Facial Bones; Augmentation (Autograft Allograft Or Prosthetic Implant) | BCBSNM | — |
| 21209 | Outpatient Surgery (Jaw) | Osteoplasty Facial Bones; Reduction | BCBSNM | — |
| 21210 | Outpatient Surgery (Jaw) | Graft Bone; Nasal Maxillary Or Malar Areas (Includes Obtaining Graft) | BCBSNM | — |
| 21215 | Outpatient Surgery (Jaw) | Graft Bone; Mandible (Includes Obtaining Graft) | BCBSNM | — |
| 21230 | Outpatient Surgery (Jaw) | Graft; Rib Cartilage Autogenous To Face Chin Nose Or Ear (Includes Obtaining Graft) | BCBSNM | — |
| 64999 | Pain Management | Unlisted Procedure Nervous System | BCBSNM | — |
| 19294 | Radiation Therapy/Radiation Oncology | Preparation Of Tumor Cavity With Placement Of A Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 19296 | Radiation Therapy/Radiation Oncology | Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy Includes Imaging Guidance; On Date Separate From Partial Mastectomy | Carelon | — |
| 19297 | Radiation Therapy/Radiation Oncology | Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy Includes Imaging Guidance; Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 19298 | Radiation Therapy/Radiation Oncology | Placement Of Radiotherapy After Loading Brachytherapy Catheters (Multiple Tube And Button Type) Into The Breast For Interstitial Radioelement Application Following (At The Time Of Or Subsequent To) Partial Mastectomy Includes Imaging Guidance | Carelon | — |
| 20555 | Radiation Therapy/Radiation Oncology | Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or Subsequent To The Procedure) | Carelon | — |
| 31643 | Radiation Therapy/Radiation Oncology | Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Placement Of Catheter(S) For Intracavitary Radioelement Application | Carelon | — |
| 32701 | Radiation Therapy/Radiation Oncology | Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt) (Photon Or Particle Beam) Entire Course Of Treatment | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 41019 | Radiation Therapy/Radiation Oncology | Placement Of Needles Catheters Or Other Device(S) Into The Head And/Or Neck Region (Percutaneous Transoral Or Transnasal) For Subsequent Interstitial Radioelement Application | Carelon | — |
| 55860 | Radiation Therapy/Radiation Oncology | Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; | Carelon | — |
| 55862 | Radiation Therapy/Radiation Oncology | Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy) | Carelon | — |
| 55865 | Radiation Therapy/Radiation Oncology | Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy Including External Iliac Hypogastric And Obturator Nodes | Carelon | — |
| 55874 | Radiation Therapy/Radiation Oncology | Transperineal Placement Of Biodegradable Material Peri-Prostatic Single Or Multiple Injection(S) Including Image Guidance When Performed | Carelon | — |
| 55875 | Radiation Therapy/Radiation Oncology | Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application With Or Without Cystoscopy | Carelon | — |
| 55920 | Radiation Therapy/Radiation Oncology | Placement Of Needles Or Catheters Into Pelvic Organs And/Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application | Carelon | — |
| 57155 | Radiation Therapy/Radiation Oncology | Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy | Carelon | — |
| 57156 | Radiation Therapy/Radiation Oncology | Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy | Carelon | — |
| 58346 | Radiation Therapy/Radiation Oncology | Insertion Of Heyman Capsules For Clinical Brachytherapy | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 61796 | Radiation Therapy/Radiation Oncology | Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Simple Cranial Lesion | Carelon | — |
| 61797 | Radiation Therapy/Radiation Oncology | Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Cranial Lesion Simple (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 61798 | Radiation Therapy/Radiation Oncology | Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Complex Cranial Lesion | Carelon | — |
| 61799 | Radiation Therapy/Radiation Oncology | Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Cranial Lesion Complex (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 61800 | Radiation Therapy/Radiation Oncology | Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 63620 | Radiation Therapy/Radiation Oncology | Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Spinal Lesion | Carelon | — |
| 63621 | Radiation Therapy/Radiation Oncology | Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Spinal Lesion (List Separately In Addition To Code For Primary Procedure) | Carelon | — |
| 67218 | Radiation Therapy/Radiation Oncology | Destruction Of Localized Lesion Of Retina (Eg Macular Edema Tumors) 1 Or More Sessions; Radiation By Implantation Of Source (Includes Removal Of Source) | Carelon | — |
| 76873 | Radiation Therapy/Radiation Oncology | Ultrasound Transrectal; Prostate Volume Study For Brachytherapy Treatment Planning (Separate Procedure) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 76965 | Radiation Therapy/Radiation Oncology | Ultrasonic Guidance For Interstitial Radioelement Application | Carelon | — |
| 77014 | Radiation Therapy/Radiation Oncology | Computed Tomography Guidance For Placement Of Radiation Therapy Fields | Carelon | — |
| 77295 | Radiation Therapy/Radiation Oncology | 3-Dimensional Radiotherapy Plan Including Dose-Volume Histograms | Carelon | — |
| 77301 | Radiation Therapy/Radiation Oncology | Intensity Modulated Radiotherapy Plan Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications | Carelon | — |
| 77316 | Radiation Therapy/Radiation Oncology | Brachytherapy Isodose Plan; Simple (Calculation[S] Made From 1 To 4 Sources Or Remote Afterloading Brachytherapy 1 Channel) Includes Basic Dosimetry Calculation(S) | Carelon | — |
| 77317 | Radiation Therapy/Radiation Oncology | Brachytherapy Isodose Plan; Intermediate (Calculation[S] Made From 5 To 10 Sources Or Remote Afterloading Brachytherapy 2-12 Channels) Includes Basic Dosimetry Calculation(S) | Carelon | — |
| 77318 | Radiation Therapy/Radiation Oncology | Brachytherapy Isodose Plan; Complex (Calculation[S] Made From Over 10 Sources Or Remote Afterloading Brachytherapy Over 12 Channels) Includes Basic Dosimetry Calculation(S) | Carelon | — |
| 77338 | Radiation Therapy/Radiation Oncology | Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt) Design And Construction Per Imrt Plan | Carelon | — |
| 77370 | Radiation Therapy/Radiation Oncology | Special Medical Radiation Physics Consultation | Carelon | — |
| 77371 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Multi-Source Cobalt 60 Based | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 77372 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Linear Accelerator Based | Carelon | — |
| 77373 | Radiation Therapy/Radiation Oncology | Stereotactic Body Radiation Therapy Treatment Delivery Per Fraction To 1 Or More Lesions Including Image Guidance Entire Course Not To Exceed 5 Fractions | Carelon | — |
| 77385 | Radiation Therapy/Radiation Oncology | Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Simple | Carelon | — |
| 77386 | Radiation Therapy/Radiation Oncology | Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Complex | Carelon | — |
| 77387 | Radiation Therapy/Radiation Oncology | Guidance For Localization Of Target Volume For Delivery Of Radiation Treatment Includes Intrafraction Tracking When Performed | Carelon | — |
| 77402 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery ≥ 1 Mev; Simple | Carelon | — |
| 77407 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery ≥ 1 Mev; Intermediate | Carelon | — |
| 77412 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery ≥ 1 Mev; Complex | Carelon | — |
| 77424 | Radiation Therapy/Radiation Oncology | Intraoperative Radiation Treatment Delivery X-Ray Single Treatment Session | Carelon | — |
| 77425 | Radiation Therapy/Radiation Oncology | Intraoperative Radiation Treatment Delivery Electrons Single Treatment Session | Carelon | — |
| 77432 | Radiation Therapy/Radiation Oncology | Stereotactic Radiation Treatment Management Of Cranial Lesion(S) (Complete Course Of Treatment Consisting Of 1 Session) | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| 77435 | Radiation Therapy/Radiation Oncology | Stereotactic Body Radiation Therapy Treatment Management Per Treatment Course To 1 Or More Lesions Including Image Guidance Entire Course Not To Exceed 5 Fractions | Carelon | — |
| 77469 | Radiation Therapy/Radiation Oncology | Intraoperative Radiation Treatment Management | Carelon | — |
| 77470 | Radiation Therapy/Radiation Oncology | Special Treatment Procedure (Eg Total Body Irradiation Hemibody Radiation Per Oral Or Endocavitary Irradiation) | Carelon | — |
| 77520 | Radiation Therapy/Radiation Oncology | Proton Treatment Delivery; Simple Without Compensation | Carelon | — |
| 77522 | Radiation Therapy/Radiation Oncology | Proton Treatment Delivery; Simple With Compensation | Carelon | — |
| 77523 | Radiation Therapy/Radiation Oncology | Proton Treatment Delivery; Intermediate | Carelon | — |
| 77525 | Radiation Therapy/Radiation Oncology | Proton Treatment Delivery; Complex | Carelon | — |
| 77750 | Radiation Therapy/Radiation Oncology | Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Follow-Up Care) | Carelon | — |
| 77761 | Radiation Therapy/Radiation Oncology | Intracavitary Radiation Source Application; Simple | Carelon | — |
| 77762 | Radiation Therapy/Radiation Oncology | Intracavitary Radiation Source Application; Intermediate | Carelon | — |
| 77763 | Radiation Therapy/Radiation Oncology | Intracavitary Radiation Source Application; Complex | Carelon | — |
| 77767 | Radiation Therapy/Radiation Oncology | Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy Includes Basic Dosimetry When Performed; Lesion Diameter Up To 2.0 Cm Or 1 Channel | Carelon | — |
| 77768 | Radiation Therapy/Radiation Oncology | Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy Includes Basic Dosimetry When Performed; Lesion Diameter Over 2.0 Cm And 2 Or More Channels Or Multiple Lesions | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|---------|
| 77770 | Radiation Therapy/Radiation Oncology | Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; 1 Channel | Carelon | — |
| 77771 | Radiation Therapy/Radiation Oncology | Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; 2-12 Channels | Carelon | — |
| 77772 | Radiation Therapy/Radiation Oncology | Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; Over 12 Channels | Carelon | — |
| 77778 | Radiation Therapy/Radiation Oncology | Interstitial Radiation Source Application Complex Includes Supervision Handling Loading Of Radiation Source When Performed | Carelon | — |
| 77790 | Radiation Therapy/Radiation Oncology | Supervision Handling Loading Of Radiation Source | Carelon | — |
| 79101 | Radiation Therapy/Radiation Oncology | Radiopharmaceutical Therapy By Intravenous Administration | Carelon | — |
| 79403 | Radiation Therapy/Radiation Oncology | Radiopharmaceutical Therapy Radiolabeled Monoclonal Antibody By Intravenous Infusion | Carelon | — |
| 0394T | Radiation Therapy/Radiation Oncology | High Dose Rate Electronic Brachytherapy Skin Surface Application Per Fraction Includes Basic Dosimetry When Performed | Carelon | — |
| 0395T | Radiation Therapy/Radiation Oncology | High Dose Rate Electronic Brachytherapy Interstitial Or Intracavitary Treatment Per Fraction Includes Basic Dosimetry When Performed | Carelon | — |
| A9508 | Radiation Therapy/Radiation Oncology | Iodine I-131 Iobenguane Sulfate Diagnostic Per 0.5 Millicurie | Carelon | — |
| A9513 | Radiation Therapy/Radiation Oncology | Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie | Carelon | — |
| A9528 | Radiation Therapy/Radiation Oncology | Iodine I-131 Sodium Iodide Capsule(S) Diagnostic Per Millicurie | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| A9531 | Radiation Therapy/Radiation Oncology | Iodine I-131 Sodium Iodide Diagnostic Per Microcurie (Up To 100 Microcuries) | Carelon | — |
| A9543 | Radiation Therapy/Radiation Oncology | Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries | Carelon | — |
| A9590 | Radiation Therapy/Radiation Oncology | Iodine I-131 Iobenguane 1 Millicurie | Carelon | — |
| A9600 | Radiation Therapy/Radiation Oncology | Strontium Sr-89 Chloride Therapeutic Per Millicurie | Carelon | — |
| A9604 | Radiation Therapy/Radiation Oncology | Samarium Sm-153 Lexidronam Therapeutic Per Treatment Dose Up To 150 Millicuries | Carelon | — |
| A9606 | Radiation Therapy/Radiation Oncology | Radium Ra-223 Dichloride Therapeutic Per Microcurie | Carelon | — |
| A9607 | Radiation Therapy/Radiation Oncology | Lutetium Lu 177 Vipivotide Tetraxetan Therapeutic 1 Millicurie | Carelon | — |
| G0339 | Radiation Therapy/Radiation Oncology | Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment | Carelon | — |
| G0340 | Radiation Therapy/Radiation Oncology | Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Delivery Including Collimator Changes And Custom Plugging Fractionated Treatment All Lesions Per Session Second Through Fifth Sessions Maximum Five Sessions Per Course Of Treatment | Carelon | — |
| G0458 | Radiation Therapy/Radiation Oncology | Low Dose Rate (Ldr) Prostate Brachytherapy Services Composite Rate | Carelon | — |
| G6001 | Radiation Therapy/Radiation Oncology | Ultrasonic Guidance For Placement Of Radiation Therapy Fields | Carelon | — |
| G6002 | Radiation Therapy/Radiation Oncology | Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy | Carelon | — |
| G6003 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: Up To 5Mev | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|--|------------|---------|
| G6004 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 6-10Mev | Carelon | — |
| G6005 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 11-19Mev | Carelon | — |
| G6006 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 20Mev Or Greater | Carelon | — |
| G6007 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: Up To 5Mev | Carelon | — |
| G6008 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 6-10Mev | Carelon | — |
| G6009 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 11-19Mev | Carelon | — |
| G6010 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 20 Mev Or Greater | Carelon | — |
| G6011 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; Up To 5Mev | Carelon | — |
| G6012 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 6-10Mev | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--------------------------------------|---|------------|-------------------------|
| G6013 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 11-19Mev | Carelon | – |
| G6014 | Radiation Therapy/Radiation Oncology | Radiation Treatment Delivery 3 Or More Separate Treatment Areas Custom Blocking Tangential Ports Wedges Rotational Beam Compensators Electron Beam; 20Mev Or Greater | Carelon | – |
| G6015 | Radiation Therapy/Radiation Oncology | Intensity Modulated Treatment Delivery Single Or Multiple Fields/Arcs Via Narrow Spatially And Temporally Modulated Beams Binary Dynamic Mlc Per Treatment Session | Carelon | – |
| G6016 | Radiation Therapy/Radiation Oncology | Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator Convergent Beam Modulated Fields Per Treatment Session | Carelon | – |
| G6017 | Radiation Therapy/Radiation Oncology | Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg 3D Positional Tracking Gating 3D Surface Tracking) Each Fraction Of Treatment | Carelon | – |
| Q3001 | Radiation Therapy/Radiation Oncology | Radioelements For Brachytherapy Any Type Each | Carelon | – |
| S8030 | Radiation Therapy/Radiation Oncology | Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy | Carelon | – |
| 0964T | Sleep | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism | Carelon | Add effective 10/1/2025 |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|------------------|---|------------|-------------------------|
| 0965T | Sleep | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism | Carelon | Add effective 10/1/2025 |
| 0966T | Sleep | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism | Carelon | Add effective 10/1/2025 |
| 64582 | Sleep | Open Implantation Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array | Carelon | — |
| 64583 | Sleep | Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Array And Distal Respiratory Sensor Electrode Or Electrode Array Including Connection To Existing Pulse Generator | Carelon | — |
| 64584 | Sleep | Removal Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array | Carelon | — |
| 95782 | Sleep | Polysomnography; Younger Than 6 Years Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist | Carelon | — |
| 95783 | Sleep | Polysomnography; Younger Than 6 Years Sleep Staging With 4 Or More Additional Parameters Of Sleep With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation Attended By A Technologist | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|------------------|--|------------|---------|
| 95800 | Sleep | Sleep Study Unattended Simultaneous Recording; Heart Rate Oxygen Saturation Respiratory Analysis (Eg By Airflow Or Peripheral Arterial Tone) And Sleep Time | Carelon | — |
| 95801 | Sleep | Sleep Study Unattended Simultaneous Recording; Minimum Of Heart Rate Oxygen Saturation And Respiratory Analysis (Eg By Airflow Or Peripheral Arterial Tone) | Carelon | — |
| 95805 | Sleep | Multiple Sleep Latency Or Maintenance Of Wakefulness Testing Recording Analysis And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness | Carelon | — |
| 95806 | Sleep | Sleep Study Unattended Simultaneous Recording Of Heart Rate Oxygen Saturation Respiratory Airflow And Respiratory Effort (Eg Thoracoabdominal Movement) | Carelon | — |
| 95807 | Sleep | Sleep Study Simultaneous Recording Of Ventilation Respiratory Effort Ecg Or Heart Rate And Oxygen Saturation Attended By A Technologist | Carelon | — |
| 95808 | Sleep | Polysomnography; Any Age Sleep Staging With 1-3 Additional Parameters Of Sleep Attended By A Technologist | Carelon | — |
| 95810 | Sleep | Polysomnography; Age 6 Years Or Older Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist | Carelon | — |
| 95811 | Sleep | Polysomnography; Age 6 Years Or Older Sleep Staging With 4 Or More Additional Parameters Of Sleep With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation Attended By A Technologist | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|------------------|---|------------|---------|
| A4604 | Sleep | Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device | Carelon | — |
| A7027 | Sleep | Combination Oral/Nasal Mask Used With Continuous Positive Airway Pressure | Carelon | — |
| A7028 | Sleep | Oral Cushion For Combination Oral/Nasal Mask Replacement Only Each | Carelon | — |
| A7029 | Sleep | Nasal Pillows For Combination Oral/Nasal Mask Replacement Only Pair | Carelon | — |
| A7030 | Sleep | Full Face Mask Used With Positive Airway Pressure Device Each | Carelon | — |
| A7031 | Sleep | Face Mask Interface Replacement For Full Face Mask Each | Carelon | — |
| A7032 | Sleep | Cushion For Use On Nasal Mask Interface Replacement Only Each | Carelon | — |
| A7033 | Sleep | Pillow For Use On Nasal Cannula Type Interface Replacement Only Pair | Carelon | — |
| A7034 | Sleep | Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device With Or Without Head Strap | Carelon | — |
| A7035 | Sleep | Headgear Used With Positive Airway Pressure Device | Carelon | — |
| A7036 | Sleep | Chinstrap Used With Positive Airway Pressure Device | Carelon | — |
| A7037 | Sleep | Tubing Used With Positive Airway Pressure Device | Carelon | — |
| A7038 | Sleep | Filter Disposable Used With Positive Airway Pressure Device | Carelon | — |
| A7039 | Sleep | Filter Non Disposable Used With Positive Airway Pressure Device | Carelon | — |
| A7044 | Sleep | Oral Interface Used With Positive Airway Pressure Device Each | Carelon | — |
| A7045 | Sleep | Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices Replacement Only | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|------------------|--|------------|---------|
| A7046 | Sleep | Water Chamber For Humidifier Used With Positive Airway Pressure Device Replacement Each | Carelon | — |
| C1767 | Sleep | Generator Neurostimulator (Implantable) Non-Rechargeable | Carelon | — |
| E0470 | Sleep | Respiratory Assist Device Bi-Level Pressure Capability Without Backup Rate Feature Used With Noninvasive Interface E. G. Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device) | Carelon | — |
| E0471 | Sleep | Respiratory Assist Device Bi-Level Pressure Capability With Back-Up Rate Feature Used With Noninvasive Interface E. G. Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device) | Carelon | — |
| E0485 | Sleep | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Prefabricated Includes Fitting And Adjustment | Carelon | — |
| E0486 | Sleep | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Custom Fabricated Includes Fitting And Adjustment | Carelon | — |
| E0561 | Sleep | Humidifier Non-Heated Used With Positive Airway Pressure Device | Carelon | — |
| E0562 | Sleep | Humidifier Heated Used With Positive Airway Pressure Device | Carelon | — |
| E0601 | Sleep | Continuous Positive Airway Pressure (Cpap) Device | Carelon | — |
| G0398 | Sleep | 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 | Carelon | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--|---|------------|---------|
| G0399 | Sleep | Home Sleep Test (Hst) With Type Iii Portable Monitor Unattended; Minimum Of 4 Channels: 2 - Respiratory Movement/Airflow 1 - Ecg/Heart Rate And 1 - Oxygen Saturation | Carelon | — |
| G0400 | Sleep | Home Sleep Test (Hst) With Type Iv Portable Monitor Unattended; Minimum Of 3 Channels | Carelon | — |
| K1027 | Sleep | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated Includes Fitting And Adjustment | Carelon | — |
| 32851 | Transplant Evaluations and Transplants | Lung Transplant Single; Without Cardiopulmonary Bypass | BCBSNM | — |
| 32852 | Transplant Evaluations and Transplants | Lung Transplant Single; With Cardiopulmonary Bypass | BCBSNM | — |
| 32853 | Transplant Evaluations and Transplants | Lung Transplant Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass | BCBSNM | — |
| 32854 | Transplant Evaluations and Transplants | Lung Transplant Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass | BCBSNM | — |
| 33935 | Transplant Evaluations and Transplants | Heart-Lung Transplant With Recipient Cardiotomy-Pneumectomy | BCBSNM | — |
| 33945 | Transplant Evaluations and Transplants | Heart Transplant With Or Without Recipient Cardiotomy | BCBSNM | — |
| 38204 | Transplant Evaluations and Transplants | Management Of Recipient Hematopoietic Progenitor Cell Donor Search And Cell Acquisition | BCBSNM | — |
| 38205 | Transplant Evaluations and Transplants | Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Allogeneic | BCBSNM | — |
| 38206 | Transplant Evaluations and Transplants | Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Autologous | BCBSNM | — |
| 38207 | Transplant Evaluations and Transplants | Transplant Preparation Of Hematopoietic Progenitor Cells; Cryopreservation And Storage | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--|---|------------|---------|
| 38230 | Transplant Evaluations and Transplants | Bone Marrow Harvesting For Transplantation; Allogeneic | BCBSNM | — |
| 38232 | Transplant Evaluations and Transplants | Bone Marrow Harvesting For Transplantation; Autologous | BCBSNM | — |
| 38240 | Transplant Evaluations and Transplants | Hematopoietic Progenitor Cell (Hpc); Allogeneic Transplantation Per Donor | BCBSNM | — |
| 38241 | Transplant Evaluations and Transplants | Hematopoietic Progenitor Cell (Hpc); Autologous Transplantation | BCBSNM | — |
| 38242 | Transplant Evaluations and Transplants | Allogeneic Lymphocyte Infusions | BCBSNM | — |
| 38243 | Transplant Evaluations and Transplants | Hematopoietic Progenitor Cell (Hpc); Hpc Boost | BCBSNM | — |
| 44135 | Transplant Evaluations and Transplants | Intestinal Allotransplantation; From Cadaver Donor | BCBSNM | — |
| 44136 | Transplant Evaluations and Transplants | Intestinal Allotransplantation; From Living Donor | BCBSNM | — |
| 47135 | Transplant Evaluations and Transplants | Liver Allotransplantation Orthotopic Partial Or Whole From Cadaver Or Living Donor Any Age | BCBSNM | — |
| 48160 | Transplant Evaluations and Transplants | Pancreatectomy Total Or Subtotal With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells | BCBSNM | — |
| 48554 | Transplant Evaluations and Transplants | Transplantation Of Pancreatic Allograft | BCBSNM | — |
| 50360 | Transplant Evaluations and Transplants | Renal Allotransplantation Implantation Of Graft; Without Recipient Nephrectomy | BCBSNM | — |
| 50365 | Transplant Evaluations and Transplants | Renal Allotransplantation Implantation Of Graft; With Recipient Nephrectomy | BCBSNM | — |
| 50380 | Transplant Evaluations and Transplants | Reimplantation Of Kidney | BCBSNM | — |
| 0584T | Transplant Evaluations and Transplants | Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Percutaneous | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--|---|------------|---------|
| 0585T | Transplant Evaluations and Transplants | Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Laparoscopic | BCBSNM | — |
| 0586T | Transplant Evaluations and Transplants | Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Open | BCBSNM | — |
| G0341 | Transplant Evaluations and Transplants | Percutaneous Islet Cell Transplant Includes Portal Vein Catheterization And Infusion | BCBSNM | — |
| G0342 | Transplant Evaluations and Transplants | Laparoscopy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion | BCBSNM | — |
| G0343 | Transplant Evaluations and Transplants | Laparotomy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion | BCBSNM | — |
| S2053 | Transplant Evaluations and Transplants | Transplantation Of Small Intestine And Liver Allografts | BCBSNM | — |
| S2054 | Transplant Evaluations and Transplants | Transplantation Of Multivisceral Organs | BCBSNM | — |
| S2060 | Transplant Evaluations and Transplants | Lobar Lung Transplantation | BCBSNM | — |
| S2065 | Transplant Evaluations and Transplants | Simultaneous Pancreas Kidney Transplantation | BCBSNM | — |
| S2102 | Transplant Evaluations and Transplants | Islet Cell Tissue Transplant From Pancreas; Allogeneic | BCBSNM | — |
| S2140 | Transplant Evaluations and Transplants | Cord Blood Harvesting For Transplantation Allogeneic | BCBSNM | — |
| S2142 | Transplant Evaluations and Transplants | Cord Blood-Derived Stem-Cell Transplantation Allogeneic | BCBSNM | — |

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|----------------|--|--|------------|---------|
| S2150 | Transplant Evaluations and Transplants | Bone Marrow Or Blood-Derived Stem Cells (Peripheral Or Umbilical) Allogeneic Or Autologous Harvesting Transplantation And Related Complications; Including: Pheresis And Cell Preparation/Storage; Marrow Ablative Therapy; Drugs Supplies Hospitalization With Outpatient Follow-Up; Medical/Surgical Diagnostic Emergency And Rehabilitative Services; And The Number Of Days Of Pre-And Post-Transplant Care In The Global Definition | BCBSNM | — |
| 99183 | Wound Care | Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy Per Session | BCBSNM | — |
| G0277 | Wound Care | Hyperbaric Oxygen Under Pressure Full Body Chamber Per 30 Minute Interval | BCBSNM | — |

Important Notes:

Prior authorization is required for some members/services/drugs before services are rendered to confirm medical necessity as defined by the member's health benefit plan.

Usually, the provider is responsible for requesting prior authorization before performing a service if the member is seeing an in-network provider. Sometimes, a plan may require the member to request prior authorization for services.

Once a prior authorization request is received and processed, the decision is communicated to the provider.

If you have questions, call the prior authorization number on the member's ID card.

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of NM. For other services/members, BCBSNM has contracted with Carelon Medical Benefits Management for utilization management and related services.

| Procedure Code | Service Category | Code Description | Managed By | Updates |
|--|------------------|------------------|------------|---------|
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