BlueCross BlueShield of New Mexico

2027 Commercial Outpatient Medical Surgical Fully Insured
Medical Surgical Procedure Code List
Effective 1/1/2027
(Updated October 2026)

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: - PPO℠ -Blue Preferred EPO -Blue Preferred Plus -HMO	Utilization Management Process This file is a searchable PDF. Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

For Medical Policy information, please access the BCBSNM Medical Policy Website

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

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
11950	Outpatient Utilization Management	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
11951	Outpatient Utilization Management	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	BCBSNM	Add effective 1/1/2027
11952	Outpatient Utilization Management	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	BCBSNM	Add effective 1/1/2027
11954	Outpatient Utilization Management	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
11980	Outpatient Utilization Management	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	BCBSNM	Add effective 1/1/2027
11981	Outpatient Utilization Management	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	BCBSNM	Add effective 1/1/2027
15271	Outpatient Utilization Management	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	BCBSNM	Add effective 1/1/2027
15275	Outpatient Utilization Management	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	BCBSNM	Add effective 1/1/2027
15780	Outpatient Utilization Management	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	BCBSNM	Add effective 1/1/2027
15781	Outpatient Utilization Management	Dermabrasion; segmental, face	BCBSNM	Add effective 1/1/2027
15782	Outpatient Utilization Management	Dermabrasion; regional, other than face	BCBSNM	Add effective 1/1/2027
15783	Outpatient Utilization Management	Dermabrasion; superficial, any site (eg, tattoo removal)	BCBSNM	Add effective 1/1/2027
15788	Outpatient Utilization Management	Chemical peel, facial; epidermal	BCBSNM	Add effective 1/1/2027
15789	Outpatient Utilization Management	Chemical peel, facial; dermal	BCBSNM	Add effective 1/1/2027
15820	Outpatient Utilization Management	Blepharoplasty, lower eyelid;	BCBSNM	Add effective 1/1/2027
15821	Outpatient Utilization Management	Blepharoplasty, lower eyelid; with extensive herniated fat pad	BCBSNM	Add effective 1/1/2027
15822	Outpatient Utilization Management	Blepharoplasty, upper eyelid;	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
15823	Outpatient Utilization Management	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	BCBSNM	Add effective 1/1/2027
15824	Outpatient Surgery (Deactivation of Headache Triggers) or Outpatient Utilization Management	Rhytidectomy; Forehead	BCBSNM	_
15825	Outpatient Utilization Management	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	BCBSNM	Add effective 1/1/2027
15826	Outpatient Surgery (Deactivation of Headache Triggers) or Outpatient Utilization Management	Rhytidectomy; Glabellar Frown Lines	BCBSNM	_
15828	Outpatient Utilization Management	Rhytidectomy; cheek, chin, and neck	BCBSNM	Add effective 1/1/2027
15830	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	BCBSNM	Add effective 1/1/2027
15832	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	BCBSNM	Add effective 1/1/2027
15833	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	BCBSNM	Add effective 1/1/2027
15834	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	BCBSNM	Add effective 1/1/2027
15835	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	BCBSNM	Add effective 1/1/2027
15836	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
15837	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	BCBSNM	Add effective 1/1/2027
15838	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	BCBSNM	Add effective 1/1/2027
15839	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	BCBSNM	Add effective 1/1/2027
15847	Outpatient Utilization Management	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	BCBSNM	Add effective 1/1/2027
15876	Outpatient Utilization Management	Suction assisted lipectomy; head and neck	BCBSNM	Add effective 1/1/2027
15877	Outpatient Utilization Management	Suction assisted lipectomy; trunk	BCBSNM	Add effective 1/1/2027
15878	Outpatient Utilization Management	Suction assisted lipectomy; upper extremity	BCBSNM	Add effective 1/1/2027
15879	Outpatient Utilization Management	Suction assisted lipectomy; lower extremity	BCBSNM	Add effective 1/1/2027
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
19300	Outpatient Utilization Management	Mastectomy for gynecomastia	BCBSNM	Add effective 1/1/2027
19303	Outpatient Utilization Management	Mastectomy, simple, complete	BCBSNM	Add effective 1/1/2027
19316	Outpatient Surgery (Breast) or Outpatient Utilization Management	Mastopexy	BCBSNM	_

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19318	Outpatient Surgery (Breast) or Outpatient Utilization Management	Breast Reduction	BCBSNM	_
19325	Outpatient Utilization Management	Breast augmentation with implant	BCBSNM	Add effective 1/1/2027
19371	Outpatient Utilization Management	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	BCBSNM	Add effective 1/1/2027
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
21085	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Impression And Custom Preparation; Oral Surgical Splint	BCBSNM	_
21110	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation Includes Removal	BCBSNM	_
21125	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Augmentation Mandibular Body Or Angle; Prosthetic Material	BCBSNM	_
21127	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Augmentation Mandibular Body Or Angle; With Bone Graft Onlay Or Interpositional (Includes Obtaining Autograft)	BCBSNM	_
21141	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction (Eg For Long Face Syndrome) Without Bone Graft	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
21142	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Without Bone Graft	BCBSNM	_
21143	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort I; 3 Or More Pieces Segment Movement In Any Direction Without Bone Graft	BCBSNM	_
21145	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts)	BCBSNM	_
21146	Outpatient Surgery (Jaw) or Outpatient Utilization Management	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) or Outpatient Utilization Management	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) or Outpatient Utilization Management	Reconstruction Midface Lefort Ii; Anterior Intrusion (Eg Treacher-Collins Syndrome)	BCBSNM	_
21151	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort Ii; Any Direction Requiring Bone Grafts (Includes Obtaining Autografts)	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
21154	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort Iii (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	BCBSNM	_
21155	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Midface Lefort Iii (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	BCBSNM	_
21159	Outpatient Surgery (Jaw) or Outpatient Utilization Management	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) or Outpatient Utilization Management	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) or Outpatient Utilization Management	Reconstruction Midface Osteotomies (Other Than Lefort Type) And Bone Grafts (Includes Obtaining Autografts)	BCBSNM	_
21193	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; Without Bone Graft	BCBSNM	_
21194	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; With Bone Graft (Includes Obtaining Graft)	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
21195	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; Without Internal Rigid Fixation	BCBSNM	_
21196	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; With Internal Rigid Fixation	BCBSNM	_
21198	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Osteotomy Mandible Segmental;	BCBSNM	_
21199	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Osteotomy Mandible Segmental; With Genioglossus Advancement	BCBSNM	_
21206	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Osteotomy Maxilla Segmental (Eg Wassmund Or Schuchard)	BCBSNM	_
21208	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Osteoplasty Facial Bones; Augmentation (Autograft Allograft Or Prosthetic Implant)	BCBSNM	_
21209	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Osteoplasty Facial Bones; Reduction	BCBSNM	_
21210	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Graft Bone; Nasal Maxillary Or Malar Areas (Includes Obtaining Graft)	BCBSNM	_
21215	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Graft Bone; Mandible (Includes Obtaining Graft)	BCBSNM	_
21230	Outpatient Surgery (Jaw) or Outpatient Utilization Management	Graft; Rib Cartilage Autogenous To Face Chin Nose Or Ear (Includes Obtaining Graft)	BCBSNM	_
22206	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Thoracic	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
22220	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Including Discectomy Anterior Approach Single Vertebral Segment; Cervical	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

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22810	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 4 To 7 Vertebral Segments	Carelon	_
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	_

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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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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(Ies) (Vertebral Body Resection Partial Or Complete) Defect In Conjunction With Interbody Arthrodesis Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
23700	Musculoskeletal Joint, Spine Surgery	Manipulation Under Anesthesia Shoulder Joint Including Application Of Fixation Apparatus (Dislocation Excluded)	Carelon	_
27096	Musculoskeletal Pain	Injection Procedure For Sacroiliac Joint Anesthetic/Steroid With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
27445	Musculoskeletal Joint, Spine Surgery	Arthroplasty Knee Hinge Prosthesis (Eg Walldius Type)	Carelon	Remove effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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[Ies])	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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[Ies])	Carelon	_
29824	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Distal Claviculectomy 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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
29888	Musculoskeletal Joint, Spine Surgery	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
30120	Ear, Nose, and Throat or Outpatient Utilization Management	Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma	BCBSNM	_
30130	Outpatient Surgery (Deactivation of Headache Triggers)	Excision Inferior Turbinate Partial Or Complete Any Method	BCBSNM	Remove effective 1/1/2027
30400	Ear, Nose, and Throat or Outpatient Utilization Management	Rhinoplasty Primary; Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	BCBSNM	_
30410	Ear, Nose, and Throat or Outpatient Utilization Management	Rhinoplasty Primary; Complete External Parts Including Bony Pyramid Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	BCBSNM	_
30420	Ear, Nose, and Throat or Outpatient Utilization Management	Rhinoplasty Primary; Including Major Septal Repair	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
30430	Ear, Nose, and Throat or Outpatient Utilization Management	Rhinoplasty Secondary; Minor Revision (Small Amount Of Nasal Tip Work)	BCBSNM	_
30435	Ear, Nose, and Throat or Outpatient Utilization Management	Rhinoplasty Secondary; Intermediate Revision (Bony Work With Osteotomies)	BCBSNM	_
30450	Ear, Nose, and Throat or Outpatient Utilization Management	Rhinoplasty Secondary; Major Revision (Nasal Tip Work And Osteotomies)	BCBSNM	_
30999	Ear, Nose, and Throat	Unlisted Procedure Nose	BCBSNM	Remove effective 1/1/2027
31296	Ear, Nose, and Throat	Nasal/Sinus Endoscopy Surgical With Dilation (Eg Balloon Dilation); Frontal Sinus Ostium	BCBSNM	Remove effective 1/1/2027
31297	Ear, Nose, and Throat	Nasal/Sinus Endoscopy Surgical With Dilation (Eg Balloon Dilation); Sphenoid Sinus Ostium	BCBSNM	Remove effective 1/1/2027
31299	Ear, Nose, and Throat	Unlisted Procedure Accessory Sinuses	BCBSNM	Remove effective 1/1/2027
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	_
32851	Transplant Evaluations and Transplants	Lung Transplant Single; Without Cardiopulmonary Bypass	BCBSNM	_
32852	Transplant Evaluations and Transplants	Lung Transplant Single; With Cardiopulmonary Bypass	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
33274	Outpatient Utilization Management	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, fe	BCBSNM	Add effective 1/1/2027
33285	Outpatient Utilization Management	Insertion, subcutaneous cardiac rhythm monitor, including programming	BCBSNM	Add effective 1/1/2027
33289	Outpatient Utilization Management	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	BCBSNM	Add effective 1/1/2027
33935	Transplant Evaluations and Transplants	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	BCBSNM	_
33945	Transplant Evaluations and Transplants	Heart Transplant With Or Without Recipient Cardiectomy	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
36465	Outpatient Utilization Management	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	BCBSNM	Add effective 1/1/2027
36466	Outpatient Utilization Management	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	BCBSNM	Add effective 1/1/2027
36468	Outpatient Utilization Management	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	BCBSNM	Add effective 1/1/2027
36470	Outpatient Utilization Management	Injection of sclerosant; single incompetent vein (other than telangiectasia)	BCBSNM	Add effective 1/1/2027
36471	Outpatient Utilization Management	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	BCBSNM	Add effective 1/1/2027
36475	Outpatient Utilization Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
36476	Outpatient Utilization Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	BCBSNM	Add effective 1/1/2027
36478	Outpatient Utilization Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	BCBSNM	Add effective 1/1/2027
36479	Outpatient Utilization Management	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	BCBSNM	Add effective 1/1/2027
36482	Outpatient Utilization Management	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
36483	Outpatient Utilization Management	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	BCBSNM	Add effective 1/1/2027
36516	Cardiology - Lipid Apheresis	Therapeutic Apheresis; With Extracorporeal Immunoadsorption Selective Adsorption Or Selective Filtration And Plasma Reinfusion	BCBSNM	Remove effective 1/1/2027
37241	Outpatient Utilization Management	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
37242	Outpatient Utilization Management	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	BCBSNM	Add effective 1/1/2027
37243	Outpatient Utilization Management	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	BCBSNM	Add effective 1/1/2027
37700	Outpatient Utilization Management	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	BCBSNM	Add effective 1/1/2027
37718	Outpatient Utilization Management	Ligation, division, and stripping, short saphenous vein	BCBSNM	Add effective 1/1/2027
37722	Outpatient Utilization Management	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
37735	Outpatient Utilization Management	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	BCBSNM	Add effective 1/1/2027
37760	Outpatient Utilization Management	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	BCBSNM	Add effective 1/1/2027
37761	Outpatient Utilization Management	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	BCBSNM	Add effective 1/1/2027
37765	Outpatient Utilization Management	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	BCBSNM	Add effective 1/1/2027
37766	Outpatient Utilization Management	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	BCBSNM	Add effective 1/1/2027
37780	Outpatient Utilization Management	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	BCBSNM	Add effective 1/1/2027
37785	Outpatient Utilization Management	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	BCBSNM	Add effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_
43281	Outpatient Utilization Management	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of me	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
43284	Outpatient Utilization Management	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	BCBSNM	Add effective 1/1/2027
43632	Outpatient Utilization Management	Gastrectomy, partial, distal; with gastrojejunostomy	BCBSNM	Add effective 1/1/2027
43633	Outpatient Utilization Management	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	BCBSNM	Add effective 1/1/2027
43634	Outpatient Utilization Management	Gastrectomy, partial, distal; with formation of intestinal pouch	BCBSNM	Add effective 1/1/2027
43644	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	BCBSNM	Add effective 1/1/2027
43645	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	BCBSNM	Add effective 1/1/2027
43647	Gastroenterology or Outpatient Utilization Management	Laparoscopy Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes Antrum	BCBSNM	_
43648	Gastroenterology or Outpatient Utilization Management	Laparoscopy Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes Antrum	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
43770	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	BCBSNM	Add effective 1/1/2027
43771	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	BCBSNM	Add effective 1/1/2027
43772	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	BCBSNM	Add effective 1/1/2027
43773	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	BCBSNM	Add effective 1/1/2027
43774	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	BCBSNM	Add effective 1/1/2027
43775	Outpatient Utilization Management	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	BCBSNM	Add effective 1/1/2027
43842	Outpatient Utilization Management	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
43843	Outpatient Utilization Management	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	BCBSNM	Add effective 1/1/2027
43845	Outpatient Utilization Management	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	BCBSNM	Add effective 1/1/2027
43846	Outpatient Utilization Management	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	BCBSNM	Add effective 1/1/2027
43847	Outpatient Utilization Management	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	BCBSNM	Add effective 1/1/2027
43848	Outpatient Utilization Management	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	BCBSNM	Add effective 1/1/2027
43860	Outpatient Utilization Management	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
43865	Outpatient Utilization Management	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	BCBSNM	Add effective 1/1/2027
43881	Gastroenterology or Outpatient Utilization Management	Implantation Or Replacement Of Gastric Neurostimulator Electrodes Antrum Open	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	_
47382	Outpatient Utilization Management	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	BCBSNM	Add effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
50592	Outpatient Utilization Management	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	BCBSNM	Add effective 1/1/2027
52442	Outpatient Utilization Management	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	BCBSNM	Add effective 1/1/2027
54125	Outpatient Utilization Management	Amputation of penis; complete	BCBSNM	Add effective 1/1/2027
54400	Outpatient Utilization Management	Insertion of penile prosthesis; non-inflatable (semi-rigid)	BCBSNM	Add effective 1/1/2027
54401	Outpatient Utilization Management	Insertion of penile prosthesis; inflatable (self-contained)	BCBSNM	Add effective 1/1/2027
54405	Outpatient Utilization Management	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	BCBSNM	Add effective 1/1/2027
54410	Outpatient Utilization Management	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	BCBSNM	Add effective 1/1/2027
54411	Outpatient Utilization Management	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
54416	Outpatient Utilization Management	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	BCBSNM	Add effective 1/1/2027
54417	Outpatient Utilization Management	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	BCBSNM	Add effective 1/1/2027
54660	Outpatient Utilization Management	Insertion of testicular prosthesis (separate procedure)	BCBSNM	Add effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
55970	Outpatient Utilization Management	Intersex surgery; male to female	BCBSNM	Add effective 1/1/2027
55980	Outpatient Utilization Management	Intersex surgery; female to male	BCBSNM	Add effective 1/1/2027
56805	Outpatient Utilization Management	Clitoroplasty for intersex state	BCBSNM	Add effective 1/1/2027
56810	Outpatient Utilization Management	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	BCBSNM	Add effective 1/1/2027
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	_
57291	Outpatient Utilization Management	Construction of artificial vagina; without graft	BCBSNM	Add effective 1/1/2027
57292	Outpatient Utilization Management	Construction of artificial vagina; with graft	BCBSNM	Add effective 1/1/2027
57295	Outpatient Utilization Management	Revision (including removal) of prosthetic vaginal graft, vaginal approach	BCBSNM	Add effective 1/1/2027
57296	Outpatient Utilization Management	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	BCBSNM	Add effective 1/1/2027
57335	Outpatient Utilization Management	Vaginoplasty for intersex state	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
57426	Outpatient Utilization Management	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	BCBSNM	Add effective 1/1/2027
58346	Radiation Therapy/Radiation Oncology	Insertion Of Heyman Capsules For Clinical Brachytherapy	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
61850	Neurology	Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical	BCBSNM	Remove effective 1/1/2027
61863	Neurology or Outpatient Utilization Management	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 or Outpatient Utilization Management	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
61867	Neurology or Outpatient Utilization Management	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	_
61868	Neurology or Outpatient Utilization Management	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	_
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
63032	Musculoskeletal Joint, Spine Surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	Carelon	Add effective 4/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
63050	Musculoskeletal Joint, Spine Surgery	Laminoplasty Cervical With Decompression Of The Spinal Cord 2 Or More Vertebral Segments;	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
63250	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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 Intraspinal Lesion Other Than Neoplasm Extradural; Cervical	Carelon	_
63267	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm Extradural; Lumbar	Carelon	_
63270	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm Intradural; Cervical	Carelon	_
63272	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm Intradural; Lumbar	Carelon	_
63275	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural Cervical	Carelon	_
63277	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural Lumbar	Carelon	_
63280	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Extramedullary Cervical	Carelon	_
63282	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Extramedullary Lumbar	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
63285	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Intramedullary Cervical	Carelon	_
63287	Musculoskeletal Joint, Spine Surgery	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural Intramedullary Thoracolumbar	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
63307	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Intradural Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
63308	Musculoskeletal Joint, Spine Surgery	Vertebral Corpectomy (Vertebral Body Resection) Partial Or Complete For Excision Of Intraspinal Lesion Single Segment; Each Additional Segment (List Separately In Addition To Codes For Single Segment)	Carelon	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
64561	Neurology or Outpatient Utilization Management	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) Including Image Guidance If Performed	BCBSNM	_
64568	Outpatient Utilization Management	Open Implantation Of Cranial Nerve (E.g., Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator [When Specified As A Hypoglossal Nerve Stimulator (E.g., Inspire V Single Lead Hns)]	BCBSNM	Add effective 1/1/2027
64575	Outpatient Utilization Management	Open Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
64580	Outpatient Utilization Management	Open Implantation Of Neurostimulator Electrode Array; Neuromuscular	BCBSNM	Add effective 1/1/2027
64581	Neurology or Outpatient Utilization Management	Open Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)	BCBSNM	_
64590	Outpatient Utilization Management	Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver, Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver	BCBSNM	Add effective 1/1/2027
64624	Outpatient Utilization Management	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	BCBSNM	Add effective 1/1/2027
64625	Musculoskeletal Pain	Radiofrequency Ablation Nerves Innervating The Sacroiliac Joint With Image Guidance (Ie Fluoroscopy Or Computed Tomography)	Carelon	_
64628	Outpatient Utilization Management	Thermal destruction of intraosseous basivertebral nerve including all imaging guidance; first 2 vertebral bodies lumbar or sacral	BCBSNM	Add effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
64640	Outpatient Utilization Management	Destruction by neurolytic agent; other peripheral nerve or branch	BCBSNM	Add effective 1/1/2027
64716	Outpatient Surgery (Deactivation of Headache Triggers)	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	BCBSNM	Remove effective 1/1/2027
64732	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of; Supraorbital Nerve	BCBSNM	Remove effective 1/1/2027
64734	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of; Infraorbital Nerve	BCBSNM	Remove effective 1/1/2027
64771	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of Other Cranial Nerve Extradural	BCBSNM	Remove effective 1/1/2027
64999	Pain Management	Unlisted Procedure Nervous System	BCBSNM	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
66174	Outpatient Utilization Management	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	BCBSNM	Add effective 1/1/2027
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	_
67900	Outpatient Surgery (Deactivation of Headache Triggers) or Outpatient Utilization Management	Repair Of Brow Ptosis (Supraciliary Mid-Forehead Or Coronal Approach)	BCBSNM	_
67904	Outpatient Utilization Management	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	BCBSNM	Add effective 1/1/2027
69705	Outpatient Utilization Management	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	BCBSNM	Add effective 1/1/2027
69706	Outpatient Utilization Management	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	BCBSNM	Add effective 1/1/2027
69714	Ear, Nose, and Throat or Outpatient Utilization Management	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	Remove effective 1/1/2027
69930	Ear, Nose, and Throat or Outpatient Utilization Management	Cochlear Device Implantation With Or Without Mastoidectomy	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
70336	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Temporomandibular Joint(S)	Carelon	_
70450	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; Without Contrast Material	Carelon	_
70460	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; With Contrast Material(S)	Carelon	_
70470	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
70471	Advanced Imaging/Radiology	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Carelon	Add effective 7/1/2026
70472	Advanced Imaging/Radiology	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Carelon	Add effective 7/1/2026
70473	Advanced Imaging/Radiology	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Carelon	Add effective 4/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
70480	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material	Carelon	_
70481	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; With Contrast Material(S)	Carelon	_
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	_
70486	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; Without Contrast Material	Carelon	_
70487	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; With Contrast Material(S)	Carelon	_
70488	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
70490	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; Without Contrast Material	Carelon	_
70491	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; With Contrast Material(S)	Carelon	_
70492	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
70496	Advanced Imaging/Radiology	Computed Tomographic Angiography Head With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
70498	Advanced Imaging/Radiology	Computed Tomographic Angiography Neck With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
70540	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S)	Carelon	_
70542	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; With Contrast Material(S)	Carelon	_
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	_
70544	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; Without Contrast Material(S)	Carelon	_
70545	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; With Contrast Material(S)	Carelon	_
70546	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	_
70547	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; Without Contrast Material(S)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
70548	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; With Contrast Material(S)	Carelon	_
70549	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	_
70551	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material	Carelon	_
70552	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); With Contrast Material(S)	Carelon	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
71260	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; With Contrast Material(S)	Carelon	_
71270	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
71271	Advanced Imaging/Radiology	Computed Tomography Thorax Low Dose For Lung Cancer Screening Without Contrast Material(S)	Carelon	_
71275	Advanced Imaging/Radiology	Computed Tomographic Angiography Chest (Noncoronary) With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
71550	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S)	Carelon	_
71551	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
71555	Advanced Imaging/Radiology	Magnetic Resonance Angiography Chest (Excluding Myocardium) With Or Without Contrast Material(S)	Carelon	_
72125	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; Without Contrast Material	Carelon	_
72126	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; With Contrast Material	Carelon	_
72127	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
72128	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; Without Contrast Material	Carelon	_
72129	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; With Contrast Material	Carelon	_
72130	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
72131	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; Without Contrast Material	Carelon	_
72132	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; With Contrast Material	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
72133	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
72141	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; Without Contrast Material	Carelon	_
72142	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; With Contrast Material(S)	Carelon	_
72146	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; Without Contrast Material	Carelon	_
72147	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; With Contrast Material(S)	Carelon	_
72148	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; Without Contrast Material	Carelon	_
72149	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; With Contrast Material(S)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
72159	Advanced Imaging/Radiology	Magnetic Resonance Angiography Spinal Canal And Contents With Or Without Contrast Material(S)	Carelon	_
72191	Advanced Imaging/Radiology	Computed Tomographic Angiography Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
72192	Advanced Imaging/Radiology	Computed Tomography Pelvis; Without Contrast Material	Carelon	_
72193	Advanced Imaging/Radiology	Computed Tomography Pelvis; With Contrast Material(S)	Carelon	_
72194	Advanced Imaging/Radiology	Computed Tomography Pelvis; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
72195	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
72196	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; With Contrast Material(S)	Carelon	_
72197	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	_
72198	Advanced Imaging/Radiology	Magnetic Resonance Angiography Pelvis With Or Without Contrast Material(S)	Carelon	_
73200	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; Without Contrast Material	Carelon	_
73201	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; With Contrast Material(S)	Carelon	_
73202	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
73206	Advanced Imaging/Radiology	Computed Tomographic Angiography Upper Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
73218	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S)	Carelon	_
73219	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; With Contrast Material(S)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
73221	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S)	Carelon	_
73222	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; With Contrast Material(S)	Carelon	_
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	_
73225	Advanced Imaging/Radiology	Magnetic Resonance Angiography Upper Extremity With Or Without Contrast Material(S)	Carelon	_
73700	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; Without Contrast Material	Carelon	_
73701	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; With Contrast Material(S)	Carelon	_
73702	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
73718	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S)	Carelon	_
73719	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; With Contrast Material(S)	Carelon	_
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	_
73721	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material	Carelon	_
73722	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; With Contrast Material(S)	Carelon	_
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	_
73725	Advanced Imaging/Radiology	Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
74150	Advanced Imaging/Radiology	Computed Tomography Abdomen; Without Contrast Material	Carelon	_
74160	Advanced Imaging/Radiology	Computed Tomography Abdomen; With Contrast Material(S)	Carelon	_
74170	Advanced Imaging/Radiology	Computed Tomography Abdomen; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	_
74174	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdomen And Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
74175	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdomen With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	_
74176	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; Without Contrast Material	Carelon	_
74177	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; With Contrast Material(S)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
74181	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S)	Carelon	_
74182	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; With Contrast Material(S)	Carelon	_
74183	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S) Followed By With Contrast Material(S) And Further Sequences	Carelon	_
74185	Advanced Imaging/Radiology	Magnetic Resonance Angiography Abdomen With Or Without Contrast Material(S)	Carelon	_
74261	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; Without Contrast Material	Carelon	_
74262	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images If Performed	Carelon	_
74263	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Screening Including Image Postprocessing	Carelon	_
74712	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Fetal Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
75557	Cardiology	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;	Carelon	Remove effective 1/1/2027
75559	Cardiology	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; With Stress Imaging	Carelon	Remove effective 1/1/2027
75561	Cardiology	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences;	Carelon	Remove effective 1/1/2027
75563	Cardiology	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences; With Stress Imaging	Carelon	Remove effective 1/1/2027
75565	Cardiology	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In Addition To Code For Primary Procedure)	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
75571	Cardiology	Computed Tomography Heart Without Contrast Material With Quantitative Evaluation Of Coronary Calcium	Carelon	Remove effective 1/1/2027
75572	Cardiology	Computed Tomography Heart With Contrast Material For Evaluation Of Cardiac Structure And Morphology (Including 3D Image Postprocessing Assessment Of Cardiac Function And Evaluation Of Venous Structures If Performed)	Carelon	Remove effective 1/1/2027
75573	Cardiology	Computed Tomography Heart With Contrast Material For Evaluation Of Cardiac Structure And Morphology In The Setting Of Congenital Heart Disease (Including 3D Image Postprocessing Assessment Of Left Ventricular [Lv] Cardiac Function Right Ventricular [Rv] Structure And Function And Evaluation Of Vascular Structures If Performed)	Carelon	Remove effective 1/1/2027
75574	Cardiology	Computed Tomographic Angiography Heart Coronary Arteries And Bypass Grafts (When Present) With Contrast Material Including 3D Image Postprocessing (Including Evaluation Of Cardiac Structure And Morphology Assessment Of Cardiac Function And Evaluation Of Venous Structures If Performed)	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
76390	Advanced Imaging/Radiology	Magnetic Resonance Spectroscopy	Carelon	_
76391	Advanced Imaging/Radiology	Magnetic Resonance (Eg Vibration) Elastography	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
76873	Radiation Therapy/Radiation Oncology	Ultrasound Transrectal; Prostate Volume Study For Brachytherapy Treatment Planning (Separate Procedure)	Carelon	_
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	Remove effective 4/1/2026
77046	Advanced Imaging/Radiology	Magnetic Resonance Imaging Breast Without Contrast Material; Unilateral	Carelon	_
77047	Advanced Imaging/Radiology	Magnetic Resonance Imaging Breast Without Contrast Material; Bilateral	Carelon	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	Remove effective 4/1/2026
77386	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Complex	Carelon	Remove effective 4/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
77436	Radiation Therapy/Radiation Oncology	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Carelon	Add effective 7/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
77437	Radiation Therapy/Radiation Oncology	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Carelon	Add effective 7/1/2026
77438	Radiation Therapy/Radiation Oncology	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Carelon	Add effective 7/1/2026
77439	Radiation Therapy/Radiation Oncology	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure)	Carelon	Add effective 7/1/2026
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
78018	Advanced Imaging/Radiology	Thyroid Carcinoma Metastases Imaging; Whole Body	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
78429	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed) Single Study; With Concurrently Acquired Computed Tomography Transmission Scan	Carelon	Remove effective 1/1/2027
78430	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed); Single Study At Rest Or Stress (Exercise Or Pharmacologic) With Concurrently Acquired Computed Tomography Transmission Scan	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
78431	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed); Multiple Studies At Rest And Stress (Exercise Or Pharmacologic) With Concurrently Acquired Computed Tomography Transmission Scan	Carelon	Remove effective 1/1/2027
78432	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Combined Perfusion With Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed) Dual Radiotracer (Eg Myocardial Viability);	Carelon	Remove effective 1/1/2027
78433	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Combined Perfusion With Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed) Dual Radiotracer (Eg Myocardial Viability); With Concurrently Acquired Computed Tomography Transmission Scan	Carelon	Remove effective 1/1/2027
78445	Advanced Imaging/Radiology	Non-Cardiac Vascular Flow Imaging (Ie Angiography Venography)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
78451	Cardiology	Myocardial Perfusion Imaging Tomographic (Spect) (Including Attenuation Correction Qualitative Or Quantitative Wall Motion Ejection Fraction By First Pass Or Gated Technique Additional Quantification When Performed); Single Study At Rest Or Stress (Exercise Or Pharmacologic)	Carelon	Remove effective 1/1/2027
78452	Cardiology	Myocardial Perfusion Imaging Tomographic (Spect) (Including Attenuation Correction Qualitative Or Quantitative Wall Motion Ejection Fraction By First Pass Or Gated Technique Additional Quantification When Performed); Multiple Studies At Rest And/Or Stress (Exercise Or Pharmacologic) And/Or Redistribution And/Or Rest Reinjection	Carelon	Remove effective 1/1/2027
78453	Cardiology	Myocardial Perfusion Imaging Planar (Including Qualitative Or Quantitative Wall Motion Ejection Fraction By First Pass Or Gated Technique Additional Quantification When Performed); Single Study At Rest Or Stress (Exercise Or Pharmacologic)	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
78454	Cardiology	Myocardial Perfusion Imaging Planar (Including Qualitative Or Quantitative Wall Motion Ejection Fraction By First Pass Or Gated Technique Additional Quantification When Performed); Multiple Studies At Rest And/Or Stress (Exercise Or Pharmacologic) And/Or Redistribution And/Or Rest Reinjection	Carelon	Remove effective 1/1/2027
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	_
78459	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed) Single Study;	Carelon	Remove effective 1/1/2027
78466	Cardiology	Myocardial Imaging Infarct Avid Planar; Qualitative Or Quantitative	Carelon	Remove effective 1/1/2027
78468	Cardiology	Myocardial Imaging Infarct Avid Planar; With Ejection Fraction By First Pass Technique	Carelon	Remove effective 1/1/2027
78469	Cardiology	Myocardial Imaging Infarct Avid Planar; Tomographic Spect With Or Without Quantification	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
78472	Cardiology	Cardiac Blood Pool Imaging Gated Equilibrium; Planar Single Study At Rest Or Stress (Exercise And/Or Pharmacologic) Wall Motion Study Plus Ejection Fraction With Or Without Additional Quantitative Processing	Carelon	Remove effective 1/1/2027
78473	Cardiology	Cardiac Blood Pool Imaging Gated Equilibrium; Multiple Studies Wall Motion Study Plus Ejection Fraction At Rest And Stress (Exercise And/Or Pharmacologic) With Or Without Additional Quantification	Carelon	Remove effective 1/1/2027
78481	Cardiology	Cardiac Blood Pool Imaging (Planar) First Pass Technique; Single Study At Rest Or With Stress (Exercise And/Or Pharmacologic) Wall Motion Study Plus Ejection Fraction With Or Without Quantification	Carelon	Remove effective 1/1/2027
78483	Cardiology	Cardiac Blood Pool Imaging (Planar) First Pass Technique; Multiple Studies At Rest And With Stress (Exercise And/Or Pharmacologic) Wall Motion Study Plus Ejection Fraction With Or Without Quantification	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
78491	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed); Single Study At Rest Or Stress (Exercise Or Pharmacologic)	Carelon	Remove effective 1/1/2027
78492	Cardiology	Myocardial Imaging Positron Emission Tomography (Pet) Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S] When Performed); Multiple Studies At Rest And Stress (Exercise Or Pharmacologic)	Carelon	Remove effective 1/1/2027
78494	Cardiology	Cardiac Blood Pool Imaging Gated Equilibrium Spect At Rest Wall Motion Study Plus Ejection Fraction With Or Without Quantitative Processing	Carelon	Remove effective 1/1/2027
78496	Cardiology	Cardiac Blood Pool Imaging Gated Equilibrium Single Study At Rest With Right Ventricular Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure)	Carelon	Remove effective 1/1/2027
78579	Advanced Imaging/Radiology	Pulmonary Ventilation Imaging (Eg Aerosol Or Gas)	Carelon	_
78580	Advanced Imaging/Radiology	Pulmonary Perfusion Imaging (Eg Particulate)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
78582	Advanced Imaging/Radiology	Pulmonary Ventilation (Eg Aerosol Or Gas) And Perfusion Imaging	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
79101	Radiation Therapy/Radiation Oncology	Radiopharmaceutical Therapy By Intravenous Administration	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
79403	Radiation Therapy/Radiation Oncology	Radiopharmaceutical Therapy Radiolabeled Monoclonal Antibody By Intravenous Infusion	Carelon	_
81120	Molecular Genetic Lab Testing	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+] Soluble) (Eg Glioma) Common Variants (Eg R132H R132C)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
81176	Molecular Genetic Lab Testing	Asxl1 (Additional Sex Combs Like 1 Transcriptional Regulator) (Eg Myelodysplastic Syndrome Myeloproliferative Neoplasms Chronic Myelomonocytic Leukemia) Gene Analysis; Targeted Sequence Analysis (Eg Exon 12)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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 Ivs4+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 (Itd) 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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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 Ivs2+1G>A)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	Remove effective 1/1/2027
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 Zygosity In Multiple Birth Pregnancies) (List Separately In Addition To Code For Primary Procedure)	Carelon	Remove effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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 Mucolipidosis Type Iv) Gene Analysis Common Variants (Eg Ivs3-2A>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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
81306	Molecular Genetic Lab Testing	Nudt15 (Nudix Hydrolase 15) (Eg Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2 *3 *4 *5 *6)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
81322	Molecular Genetic Lab Testing	Pten (Phosphatase And Tensin Homolog) (Eg Cowden Syndrome Pten Hamartoma Tumor Syndrome) Gene Analysis; Known Familial Variant	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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 (Serpin Peptidase Inhibitor Clade A Alpha-1 Antiproteinase 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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
81354	Molecular Genetic Lab Testing	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	Carelon	Add effective 4/1/2026
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
81402	Molecular Genetic Lab Testing	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
81403	Molecular Genetic Lab Testing	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
81404	Molecular Genetic Lab Testing	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/Triplet 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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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 Atl1 (Atlastin Gtpase 1) (Eg Spastic Paraplegia) Full Gene	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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 Tgfbr1 Tgfbr2 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 Tgfbr1 Tgfbr2 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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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 Rpgr 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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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 Sdhd Tmem127 And Vhl	Carelon	_
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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 Fancc Fancd2 Fance Fancf Fancg Fanci Fancl Gata1 Gata2 Mpl Nhp2 Nop10 Palb2 Rad51C Rpl11 Rpl35A Rpl5 Rps10 Rps19 Rps24 Rps26 Rps7 Sbds Tert And Tinf2	Carelon	_
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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 Mucolipidosis Type Vi Gaucher Disease Tay-Sachs Disease] Beta Hemoglobinopathies Phenylketonuria Galactosemia) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 15 Genes (Eg Acadm Arsa Aspa Atp7B Bckdha Bckdhb Blm Cftr Dhcr7 Fancc G6Pc Gaa Galt Gba Gbe1 Hbb Hexa Ikbkap Mcoln1 Pah)	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 Bscl2 Gjb1 Mfn2 Mpz Reep1 Spast Spg11 Sptlc1)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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 Il1Rapl Kdm5C L1Cam Mecp2 Med12 Mid1 Ocrl Rps6Ka3 And Slc16A2	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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 Il1Rapl Kdm5C L1Cam Mecp2 Med12 Mid1 Ocrl 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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
81524	Molecular Genetic Lab Testing	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	Carelon	Add effective 4/1/2026
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_
91110	Outpatient Utilization Management	Gastrointestinal tract imaging intraluminal (eg capsule endoscopy) esophagus through ileum with interpretation and report	BCBSNM	Add effective 1/1/2027
93303	Cardiology	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Complete	Carelon	Remove effective 1/1/2027
93304	Cardiology	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
93306	Cardiology	Echocardiography Transthoracic Real-Time With Image Documentation (2D) Includes M-Mode Recording When Performed Complete With Spectral Doppler Echocardiography And With Color Flow Doppler Echocardiography	Carelon	Remove effective 1/1/2027
93307	Cardiology	Echocardiography Transthoracic Real-Time With Image Documentation (2D) Includes M-Mode Recording When Performed Complete Without Spectral Or Color Doppler Echocardiography	Carelon	Remove effective 1/1/2027
93308	Cardiology	Echocardiography Transthoracic Real-Time With Image Documentation (2D) Includes M-Mode Recording When Performed Follow-Up Or Limited Study	Carelon	Remove effective 1/1/2027
93312	Cardiology	Echocardiography Transesophageal Real-Time With Image Documentation (2D) (With Or Without M-Mode Recording); Including Probe Placement Image Acquisition Interpretation And Report	Carelon	Remove effective 1/1/2027
93313	Cardiology	Echocardiography Transesophageal Real-Time With Image Documentation (2D) (With Or Without M-Mode Recording); Placement Of Transesophageal Probe Only	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
93314	Cardiology	Echocardiography Transesophageal Real-Time With Image Documentation (2D) (With Or Without M-Mode Recording); Image Acquisition Interpretation And Report Only	Carelon	Remove effective 1/1/2027
93315	Cardiology	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement Image Acquisition Interpretation And Report	Carelon	Remove effective 1/1/2027
93316	Cardiology	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Placement Of Transesophageal Probe Only	Carelon	Remove effective 1/1/2027
93317	Cardiology	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Image Acquisition Interpretation And Report Only	Carelon	Remove effective 1/1/2027
93320	Cardiology	Doppler Echocardiography Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Complete	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
93321	Cardiology	Doppler Echocardiography Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Follow-Up Or Limited Study (List Separately In Addition To Codes For Echocardiographic Imaging)	Carelon	Remove effective 1/1/2027
93325	Cardiology	Doppler Echocardiography Color Flow Velocity Mapping (List Separately In Addition To Codes For Echocardiography)	Carelon	Remove effective 1/1/2027
93350	Cardiology	Echocardiography Transthoracic Real-Time With Image Documentation (2D) Includes M-Mode Recording When Performed During Rest And Cardiovascular Stress Test Using Treadmill Bicycle Exercise And/Or Pharmacologically Induced Stress With Interpretation And Report;	Carelon	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
93351	Cardiology	Echocardiography Transthoracic Real-Time With Image Documentation (2D) Includes M-Mode Recording When Performed During Rest And Cardiovascular Stress Test Using Treadmill Bicycle Exercise And/Or Pharmacologically Induced Stress With Interpretation And Report; Including Performance Of Continuous Electrocardiographic Monitoring With Supervision By A Physician Or Other Qualified Health Care Professional	Carelon	Remove effective 1/1/2027
93352	Cardiology	Use Of Echocardiographic Contrast Agent During Stress Echocardiography (List Separately In Addition To Code For Primary Procedure)	Carelon	Remove effective 1/1/2027
93580	Outpatient Utilization Management	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	BCBSNM	Add effective 1/1/2027
93660	Outpatient Utilization Management	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
95807	Outpatient Utilization Management	Sleep Study Simultaneous Recording Of Ventilation Respiratory Effort Ecg Or Heart Rate And Oxygen Saturation Attended By A Technologist	BCBSNM	Add effective 1/1/2027
95808	Outpatient Utilization Management	Polysomnography; Any Age Sleep Staging With 1-3 Additional Parameters Of Sleep Attended By A Technologist	BCBSNM	Add effective 1/1/2027
95810	Outpatient Utilization Management	Polysomnography; Age 6 Years Or Older Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist	BCBSNM	Add effective 1/1/2027
95811	Outpatient Utilization Management	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	BCBSNM	Add effective 1/1/2027
95965	Advanced Imaging/Radiology	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)	Carelon	Add effective 1/1/2026
95966	Advanced Imaging/Radiology	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)	Carelon	Add effective 1/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
95972	Outpatient Utilization Management	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg Contact Group[S] Interleaving Amplitude Pulse Width Frequency [Hz] On/Off Cycling Burst Magnet Mode Dose Lockout Patient Selectable Parameters Responsive Neurostimulation Detection Algorithms Closed Loop Parameters And Passive Parameters) By Physician Or Other Qualified Health Care Professional; With Complex Spinal Cord Or Peripheral Nerve (Eg Sacral Nerve) Neurostimulator Pulse Generator/Transmitter Programming By Physician Or Other Qualified Health Care Professional	BCBSNM	Add effective 1/1/2027
95980	Gastroenterology or Outpatient Utilization Management	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
97533	Outpatient Utilization Management	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	BCBSNM	Add effective 1/1/2027
99183	Wound Care or Outpatient Utilization Management	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy Per Session	BCBSNM	_
99601	Home Infusion Therapy	Home Infusion/Visit 2 Hrs	BCBSNM	_
99602	Home Infusion Therapy	Home Infusion Each Addtl Hr	BCBSNM	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	Retire effective 10/1/2026
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	Retire effective 10/1/2026
0032U	Molecular Genetic Lab Testing	Comt (Catechol-O-Methyltransferase)(Drug Metabolism) Gene Analysis C.472G>A (Rs4680) Variant	Carelon	_
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	Remove effective 4/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	Remove effective 4/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0076U	Molecular Genetic Lab Testing	Cyp2D6 (Cytochrome P450 Family 2 Subfamily D Polypeptide 6) (Eg Drug Metabolism) Gene Analysis Targeted Sequence Analysis (Ie 3' Gene Duplication/ Multiplication) (List Separately In Addition To Code For Primary Procedure)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0089U	Molecular Genetic Lab Testing	Oncology (Melanoma) Gene Expression Profiling By Rtqpcr Prame And Linc00518 Superficial Collection Using Adhesive Patch(Es)	Carelon	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	Remove effective 4/1/2026
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	Remove effective 4/1/2026
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	Remove effective 4/1/2026
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0169U	Molecular Genetic Lab Testing	Nudt15 (Nudix Hydrolase 15) And Tpmt (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0270U	Molecular Genetic Lab Testing	Hematology (Congenital Coagulation Disorders) Genomic Sequence Analysis Of 20 Genes Blood Buccal Swab Or Amniotic Fluid	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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 Tpmt (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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	Apol1 (Apolipoprotein L1) (Eg Chronic Kidney Disease) Risk Variants (G1 G2)	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0389U	Molecular Genetic Lab Testing	Pediatric Febrile Illness (Kawasaki Disease [Kd]) Interferon Alphainducible Protein 27 (Ifi27) And Mast Cell-Expressed Membrane Protein 1 (Mcemp1) 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 Splicesite Variants Insertions/Deletions Copy Number Alterations Gene Fusions Tumor Mutational Burden And Microsatellite Instability With Algorithm Quantifying Immunotherapy Response Score	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	Retire effective 10/1/2026
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0426U	Molecular Genetic Lab Testing	Genome (Eg Unexplained Constitutional Or Heritable Disorder Or Syndrome) Ultra-Rapid Sequence Analysis	Carelon	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0449U	Molecular Genetic Lab Testing	Carrier Screening For Severe Inherited Conditions (Eg Cystic Fibrosis Spinal Muscular Atrophy Beta Hemoglobinopathies [Including Sickle 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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0489U	Molecular Genetic Lab Testing	Obstetrics (Single-Gene Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis Of 1 Or More Targets (Eg, Cftr, 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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	Remove effective 4/1/2026
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	Remove effective 4/1/2026
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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, Tpmt, Ugt1A1, Vkorc1), Reported As Metabolizer Status And Transporter Function	Carelon	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	Remove effective 4/1/2026
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	_
0552U	Molecular Genetic Lab Testing	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm 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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0553U	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, 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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0575U	Molecular Genetic Lab Testing	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	Carelon	Add effective 1/1/2026
0576U	Molecular Genetic Lab Testing	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score	Carelon	Add effective 1/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0578U	Molecular Genetic Lab Testing	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	Carelon	Add effective 1/1/2026
0582U	Molecular Genetic Lab Testing	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	Carelon	Add effective 1/1/2026
0583U	Molecular Genetic Lab Testing	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results	Carelon	Add effective 1/1/2026
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
0585U	Molecular Genetic Lab Testing	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	Carelon	Remove effective 1/1/2027
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	_
0586U	Molecular Genetic Lab Testing	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	Carelon	Add effective 1/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0592U	Molecular Genetic Lab Testing	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)	Carelon	Add effective 1/1/2026
0597U	Molecular Genetic Lab Testing	Oncology (breast), RNA expression profiling of 329 genes by targeted nextgeneration sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score	Carelon	Add effective 1/1/2026
0605U	Molecular Genetic Lab Testing	Allergy and immunology (hereditary alpha tryptasemia), DNA, analysis of TPSAB1 gene copy number variation using digital PCR, whole blood, results reported with genotype-specific interpretation of alpha-tryptase copy number and algorithmic classification as normal or abnormal	Carelon	Add effective 4/1/2026
0611U	Molecular Genetic Lab Testing	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result	Carelon	Add effective 4/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0612U	Molecular Genetic Lab Testing	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result	Carelon	Add effective 4/1/2026
0613U	Molecular Genetic Lab Testing	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma	Carelon	Add effective 4/1/2026
0627T	Musculoskeletal Pain	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Carelon	Retire effective 10/1/2026
0628T	Musculoskeletal Pain	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	Retire effective 10/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0628U	Molecular Genetic Lab Testing	Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	Carelon	Add effective 7/1/2026
0629T	Musculoskeletal Pain	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Carelon	Retire effective 10/1/2026
0630T	Musculoskeletal Pain	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	Retire effective 10/1/2026
0630U	Molecular Genetic Lab Testing	Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, Her2)	Carelon	Add effective 7/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0632U	Molecular Genetic Lab Testing	Red blood cell antigen, fetal RHD gene analysis using multiplex PCR and next-generation sequencing of circulating cell-free DNA	Carelon	Add effective 10/1/2026
0633T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Unilateral; Without Contrast Material	Carelon	_
0633U	Molecular Genetic Lab Testing	Obstetrics single-gene noninvasive prenatal test using circulating cell-free DNA and next-generation sequencing	Carelon	Add effective 10/1/2026
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	_
0635U	Molecular Genetic Lab Testing	Artificial intelligence analysis of mRNA gene expression profiling, 487 genes, noninvasive	Carelon	Add effective 10/1/2026
0636T	Advanced Imaging/Radiology	Computed Tomography Breast Including 3D Rendering When Performed Bilateral; Without Contrast Material(S)	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
0641U	Molecular Genetic Lab Testing	Oncology minimal residual disease tumor DNA analysis using next-generation sequencing of FFPE tissue and blood sample, initial test	Carelon	Add effective 10/1/2026
0642U	Molecular Genetic Lab Testing	Oncology minimal residual disease tumor DNA analysis using next-generation sequencing of whole blood, comparison to previous analysis	Carelon	Add effective 10/1/2026
0643U	Molecular Genetic Lab Testing	Oncology genitourinary cancer circulating tumor DNA analysis, 200 genes, NGS interrogation of SNVs and indels	Carelon	Add effective 10/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
0649U	Molecular Genetic Lab Testing	Neurology Alzheimer's disease DNA targeted analysis using next-generation sequencing of AD-related genes from whole blood	Carelon	Add effective 10/1/2026
0651U	Molecular Genetic Lab Testing	Oncology hereditary cancer genomic DNA analysis of 55 genes using NGS and deletion/duplication analysis (MLPA)	Carelon	Add effective 10/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
0660U	Molecular Genetic Lab Testing	HPV GNOTYP 18/31/33/35 CFDNA	Carelon	Add effective 1/1/2027
0661U	Molecular Genetic Lab Testing	HPV GENOTYPE 16 CFDNA DDPCR	Carelon	Add effective 1/1/2027
0662U	Molecular Genetic Lab Testing	TRNSPLJ MED KAR RTQPCR 12GEN	Carelon	Add effective 1/1/2027
0663U	Molecular Genetic Lab Testing	OB FETAL PLTLT AG NIPT CFDNA	Carelon	Add effective 1/1/2027
0664U	Molecular Genetic Lab Testing	TRNSPLJ MED KAF NGS 13 GENES	Carelon	Add effective 1/1/2027
0668U	Molecular Genetic Lab Testing	ONC PNCRS DNA 5HMC & GLYCAN	Carelon	Add effective 1/1/2027
0670U	Molecular Genetic Lab Testing	RARE DS WGSA S/L READ CMPRTR	Carelon	Add effective 1/1/2027
0671U	Molecular Genetic Lab Testing	RARE DS WGSA S/L RD 2CMPRTRS	Carelon	Add effective 1/1/2027
0672U	Molecular Genetic Lab Testing	RARE DS WHOLE EXOME CMPRTR	Carelon	Add effective 1/1/2027
0673U	Molecular Genetic Lab Testing	RARE DS WHOLE EXOME 2CMPRTRS	Carelon	Add effective 1/1/2027
0674U	Molecular Genetic Lab Testing	RARE DS MTDNA BLD/SLV/GENDNA	Carelon	Add effective 1/1/2027
0675U	Molecular Genetic Lab Testing	RARE DS MTDNA PRBND&2CMPRTRS	Carelon	Add effective 1/1/2027
0676U	Molecular Genetic Lab Testing	RARE DS WGSA MATERNAL CMPRTR	Carelon	Add effective 1/1/2027
0677U	Molecular Genetic Lab Testing	RARE DS WGSA FETAL SAMPLE	Carelon	Add effective 1/1/2027
0678U	Molecular Genetic Lab Testing	ONC HHM GENOME SEQ 117 GENES	Carelon	Add effective 1/1/2027
0679U	Molecular Genetic Lab Testing	ONC HHM DNA ALYS >105 GENES	Carelon	Add effective 1/1/2027
0686U	Molecular Genetic Lab Testing	ONC PRST8 MRNA GENE XPRSN 22	Carelon	Add effective 1/1/2027
0688U	Molecular Genetic Lab Testing	ONC CLRCT CA ALYS MRD CTDNA	Carelon	Add effective 1/1/2027
0689U	Molecular Genetic Lab Testing	ONC CLRT CA ALYS MRD PT-SPEC	Carelon	Add effective 1/1/2027
0690U	Molecular Genetic Lab Testing	TRNSPLJ MED AR DPCR ALYS 45	Carelon	Add effective 1/1/2027
0691U	Molecular Genetic Lab Testing	CARRIER SCREENING GSAP 6GENS	Carelon	Add effective 1/1/2027
0693U	Molecular Genetic Lab Testing	ONC H&N CTDNA 699 GENES VRNT	Carelon	Add effective 1/1/2027
0696U	Molecular Genetic Lab Testing	ONC SO TGSA RNA ALYS 350/>	Carelon	Add effective 1/1/2027
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
A0225	Medical Transportation	Ambulance Service, Neonatal Transport, Base Rate, Emergency Transport, One Way	Alacura	Add effective 1/1/2027
A0380	Medical Transportation	Bls Mileage (Per Mile)	Alacura	Add effective 1/1/2027
A0382	Medical Transportation	Bls Routine Disposable Supplies	Alacura	Add effective 1/1/2027
A0384	Medical Transportation	Bls Specialized Service Disposable Supplies; Defibrillation (Used By Als Ambulances And Bls Ambulances In Jurisdictions Where Defibrillation Is Permitted In Bls Ambulances)	Alacura	Add effective 1/1/2027
A0390	Medical Transportation	Als Mileage (Per Mile)	Alacura	Add effective 1/1/2027
A0392	Medical Transportation	Als Specialized Service Disposable Supplies; Defibrillation (To Be Used Only In Jurisdictions Where Defibrillation Cannot Be Performed In Bls Ambulances)	Alacura	Add effective 1/1/2027
A0394	Medical Transportation	Als Specialized Service Disposable Supplies; Iv Drug Therapy	Alacura	Add effective 1/1/2027
A0396	Medical Transportation	Als Specialized Service Disposable Supplies; Esophageal Intubation	Alacura	Add effective 1/1/2027
A0398	Medical Transportation	Als Routine Disposable Supplies	Alacura	Add effective 1/1/2027
A0420	Medical Transportation	Ambulance Waiting Time (Als Or Bls), One Half (1/2) Hour Increments	Alacura	Add effective 1/1/2027
A0422	Medical Transportation	Ambulance (Als Or Bls) Oxygen And Oxygen Supplies, Life Sustaining Situation	Alacura	Add effective 1/1/2027
A0424	Medical Transportation	Extra Ambulance Attendant, Ground (Als Or Bls) Or Air (Fixed Or Rotary Winged); (Requires Medical Review)	Alacura	Add effective 1/1/2027
A0425	Medical Transportation	Ground Mileage, Per Statute Mile	Alacura	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
A0426	Medical Transportation	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (Als 1)	Alacura	Add effective 1/1/2027
A0427	Medical Transportation	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 (Als1-Emergency)	Alacura	Add effective 1/1/2027
A0428	Medical Transportation	Ambulance Service, Basic Life Support, Non-Emergency Transport, (Bls)	Alacura	Add effective 1/1/2027
A0429	Medical Transportation	Ambulance Service, Basic Life Support, Emergency Transport (Bls-Emergency)	Alacura	Add effective 1/1/2027
A0430	Medical Transportation	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)	Alacura	Add effective 1/1/2027
A0431	Medical Transportation	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)	Alacura	Add effective 1/1/2027
A0432	Medical Transportation	Paramedic Intercept (Pi), Rural Area, Transport Furnished By A Volunteer Ambulance Company Which Is Prohibited By State Law From Billing Third Party Payers	Alacura	Add effective 1/1/2027
A0433	Medical Transportation	Advanced Life Support, Level 2 (Als 2)	Alacura	Add effective 1/1/2027
A0434	Medical Transportation	Specialty Care Transport (Sct)	Alacura	Add effective 1/1/2027
A0435	Medical Transportation	Fixed Wing Air Mileage, Per Statute Mile	Alacura	Add effective 1/1/2027
A0436	Medical Transportation	Rotary Wing Air Mileage, Per Statute Mile	Alacura	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
A0998	Medical Transportation	Ambulance Response And Treatment, No Transport	Alacura	Add effective 1/1/2027
A4290	Neurology	Sacral Nerve Stimulation Test Lead Each	BCBSNM	Remove effective 1/1/2027
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	_
A9517	Radiation Therapy/Radiation Oncology	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie	Carelon	Add effective 1/1/2027
A9528	Radiation Therapy/Radiation Oncology	Iodine I-131 Sodium Iodide Capsule(S) Diagnostic Per Millicurie	Carelon	Remove effective 1/1/2027
A9530	Radiation Therapy/Radiation Oncology	Iodine I-131 sodium iodide solution, therapeutic, per millicurie	Carelon	Add effective 1/1/2027
A9531	Radiation Therapy/Radiation Oncology	Iodine I-131 Sodium Iodide Diagnostic Per Microcurie (Up To 100 Microcuries)	Carelon	Remove effective 1/1/2027
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	_
A9602	Advanced Imaging/Radiology	Fluorodopa F-18 Diagnostic Per Millicurie	Carelon	_
A9604	Radiation Therapy/Radiation Oncology	Samarium Sm-153 Lexidronam Therapeutic Per Treatment Dose Up To 150 Millicuries	Carelon	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
A9800	Advanced Imaging/Radiology	Gallium Ga-68 Gozetotide Diagnostic (Locametz) 1 Millicurie	Carelon	_
B4034	Home Infusion Therapy	Enter Feed Supkit Syr By Day	BCBSNM	_
B4035	Home Infusion Therapy	Enteral Feed Supp Pump Per D	BCBSNM	_
B4036	Home Infusion Therapy	Enteral Feed Sup Kit Grav By	BCBSNM	_
B4102	Home Infusion Therapy	Enteral Formula For Adults Used To Replace Fluids And Electrolytes (E.G. Clear Liquids) 500 Ml = 1 Unit	BCBSNM	_
B4103	Home Infusion Therapy	Enteral Formula For Pediatrics Used To Replace Fluids And Electrolytes (E.G. Clear Liquids) 500 Ml = 1 Unit	BCBSNM	_
B4104	Home Infusion Therapy	Additive For Enteral Formula (E.G. Fiber)	BCBSNM	_
B4149	Home Infusion Therapy	Enteral Formula Manufactured Blenderized Natural Foods With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
B4150	Home Infusion Therapy	Enteral Formula Nutritionally Complete With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4152	Home Infusion Therapy	Enteral Formula Nutritionally Complete Calorically Dense (Equal To Or Greater Than 1. 5 Kcal/Ml) With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4153	Home Infusion Therapy	Enteral Formula Nutritionally Complete Hydrolyzed Proteins (Amino Acids And Peptide Chain) Includes Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
B4154	Home Infusion Therapy	Enteral Formula Nutritionally Complete For Special Metabolic Needs Excludes Inherited Disease Of Metabolism Includes Altered Composition Of Proteins Fats Carbohydrates Vitamins And/Or Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4155	Home Infusion Therapy	Enteral Formula Nutritionally Incomplete/Modular Nutrients Includes Specific Nutrients Carbohydrates (E. G. Glucose Polymers) Proteins/Amino Acids (E. G. Glutamine Arginine) Fat (E. G. Medium Chain Triglycerides) Or Combination Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4158	Home Infusion Therapy	Enteral Formula For Pediatrics Nutritionally Complete With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber And/Or Iron Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
B4159	Home Infusion Therapy	Enteral Formula For Pediatrics Nutritionally Complete Soy Based With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber And/Or Iron Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4160	Home Infusion Therapy	Enteral Formula For Pediatrics Nutritionally Complete Calorically Dense (Equal To Or Greater Than 0.7 Kcal/Ml) With Intact Nutrients Includes Proteins Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4161	Home Infusion Therapy	Enteral Formula For Pediatrics Hydrolyzed/Amino Acids And Peptide Chain Proteins Includes Fats Carbohydrates Vitamins And Minerals May Include Fiber Administered Through An Enteral Feeding Tube 100 Calories = 1 Unit	BCBSNM	_
B4164	Home Infusion Therapy	Parenteral Nutrition Solution: Carbohydrates (Dextrose) 50% Or Less (500 Ml = 1 Unit) - Homemix	BCBSNM	_
B4168	Home Infusion Therapy	Parenteral Nutrition Solution; Amino Acid 3. 5% (500 Ml = 1 Unit) - Homemix	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
B4172	Home Infusion Therapy	Parenteral Nutrition Solution; Amino Acid 5. 5% Through 7% (500 Ml = 1 Unit) - Homemix	BCBSNM	_
B4176	Home Infusion Therapy	Parenteral Nutrition Solution; Amino Acid 7% Through 8. 5% (500 Ml = 1 Unit) - Homemix	BCBSNM	_
B4178	Home Infusion Therapy	Parenteral Nutrition Solution: Amino Acid Greater Than 8. 5% (500 Ml = 1 Unit) - Homemix	BCBSNM	_
B4180	Home Infusion Therapy	Parenteral Nutrition Solution; Carbohydrates (Dextrose) Greater Than 50% (500 Ml=1 Unit) - Homemix	BCBSNM	_
B4185	Home Infusion Therapy	Parenteral Nutrition Solution Not Otherwise Specified 10 Grams Lipids	BCBSNM	_
B4189	Home Infusion Therapy	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength 10 To 51 Grams Of Protein - Premix	BCBSNM	_
B4193	Home Infusion Therapy	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength 52 To 73 Grams Of Protein - Premix	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
B4197	Home Infusion Therapy	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength 74 To 100 Grams Of Protein - Premix	BCBSNM	_
B4199	Home Infusion Therapy	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Over 100 Grams Of Protein - Premix	BCBSNM	_
B4216	Home Infusion Therapy	Parenteral Nutrition; Additives (Vitamins Trace Elements Heparin Electrolytes) Homemix Per Day	BCBSNM	_
B4220	Home Infusion Therapy	Parenteral Nutrition Supply Kit; Premix Per Day	BCBSNM	_
B4222	Home Infusion Therapy	Parenteral Nutrition Supply Kit; Home Mix Per Day	BCBSNM	_
B4224	Home Infusion Therapy	Parenteral Nutrition Administration Kit Per Day	BCBSNM	_
B5000	Home Infusion Therapy	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Renal-Aminosyn-Rf Nephramine Renamine-Premix	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
B5100	Home Infusion Therapy	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Hepatic Hepatamine-Premix	BCBSNM	_
B5200	Home Infusion Therapy	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes Trace Elements And Vitamins Including Preparation Any Strength Stress-Branch Chain Amino Acids-Freamine-Hbc-Premix	BCBSNM	_
B9002	Home Infusion Therapy	Enteral Nutrition Infusion Pump Any Type	BCBSNM	_
B9004	Home Infusion Therapy	Parenteral Nutrition Infusion Pump Portable	BCBSNM	_
B9006	Home Infusion Therapy	Parenteral Nutrition Infusion Pump Stationary	BCBSNM	_
B9998	Home Infusion Therapy	Noc For Enteral Supplies	BCBSNM	_
B9999	Home Infusion Therapy	Noc For Parenteral Supplies	BCBSNM	_
C1605	Outpatient Utilization Management	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	BCBSNM	Add effective 1/1/2027
C1734	Outpatient Utilization Management	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
C1737	Outpatient Utilization Management	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	BCBSNM	Add effective 1/1/2027
C1764	Outpatient Utilization Management	Event recorder, cardiac (implantable)	BCBSNM	Add effective 1/1/2027
C1767	Outpatient Utilization Management	Generator, Neurostimulator (Implantable), Non-Rechargeable	BCBSNM	Add effective 1/1/2027
C1778	Outpatient Utilization Management	Lead, neurostimulator (implantable)	BCBSNM	Add effective 1/1/2027
C1817	Outpatient Utilization Management	Septal defect implant system, intracardiac	BCBSNM	Add effective 1/1/2027
C1820	Outpatient Utilization Management	Generator, neurostimulator (implantable), with rechargeable battery and charging system	BCBSNM	Add effective 1/1/2027
C1821	Outpatient Utilization Management	Interspinous process distraction device (implantable)	BCBSNM	Add effective 1/1/2027
C1822	Outpatient Utilization Management	Generator, Neurostimulator (Implantable), High Frequency, With Rechargeable Battery And Charging System	BCBSNM	Add effective 1/1/2027
C1826	Outpatient Utilization Management	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	BCBSNM	Add effective 1/1/2027
C1833	Outpatient Utilization Management	Monitor, cardiac, including intracardiac lead and all system components (implantable)	BCBSNM	Add effective 1/1/2027
C2616	Outpatient Utilization Management	Brachytherapy source, non-stranded, yttrium-90, per source	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
C2624	Outpatient Utilization Management	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	BCBSNM	Add effective 1/1/2027
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
C9740	Outpatient Utilization Management	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	BCBSNM	Add effective 1/1/2027
C9762	Advanced Imaging/Radiology	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction, with strain imaging	Carelon	Add effective 10/1/2026
C9763	Advanced Imaging/Radiology	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction, with stress imaging	Carelon	Add effective 10/1/2026
C9785	Outpatient Utilization Management	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	BCBSNM	Add effective 1/1/2027
E0652	Outpatient Utilization Management	Pneumatic compressor, segmental home model with calibrated gradient pressure	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
E0673	Outpatient Utilization Management	Segmental gradient pressure pneumatic appliance, half leg	BCBSNM	Add effective 1/1/2027
E0676	Outpatient Utilization Management	Intermittent limb compression device (includes all accessories), not otherwise specified	BCBSNM	Add effective 1/1/2027
E0680	Outpatient Utilization Management	Non-pneumatic compression controller with sequential calibrated gradient pressure	BCBSNM	Add effective 1/1/2027
E0739	Outpatient Utilization Management	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	BCBSNM	Add effective 1/1/2027
E0745	Neurology or Outpatient Utilization Management	Neuromuscular Stimulator, Electronic Shock Unit	BCBSNM	_
E0747	Outpatient Utilization Management	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	BCBSNM	Add effective 1/1/2027
E0748	Musculoskeletal Joint, Spine Surgery	Osteogenesis Stimulator Electrical Non-Invasive Spinal Applications	Carelon	_
E0749	Musculoskeletal Joint, Spine Surgery	Osteogenesis Stimulator Electrical Surgically Implanted	Carelon	_
E0760	Outpatient Utilization Management	Osteogenesis stimulator, low intensity ultrasound, non-invasive	BCBSNM	Add effective 1/1/2027
E0765	Gastroenterology or Outpatient Utilization Management	Fda Approved Nerve Stimulator, With Replaceable Batteries, For Treatment Of Nausea And Vomiting	BCBSNM	_
E0766	Outpatient Utilization Management	Electrical stimulation device used for cancer treatment, includes all accessories, any type	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
E0779	Home Infusion Therapy	Amb Infusion Pump Mechanical	BCBSNM	_
E0780	Home Infusion Therapy	Mech Amb Infusion Pump <8Hrs	BCBSNM	_
E0781	Home Infusion Therapy	Ambulatory Infusion Pump Single Or Multiple Channels Electric Or Battery Operated With Administrative Equipment Worn By Patient	BCBSNM	_
E0782	Home Infusion Therapy	Infusion Pump Implantable Non-Programmable (Includes All Components E. G. Pump Catheter Connectors Etc.)	BCBSNM	_
E0783	Home Infusion Therapy	Infusion Pump System Implantable Programmable (Includes All Components E. G. Pump Catheter Connectors Etc.)	BCBSNM	_
E0784	Home Infusion Therapy	External Ambulatory Infusion Pump Insulin	BCBSNM	_
E0791	Home Infusion Therapy	Parenteral Infusion Pump Sta	BCBSNM	_
E1007	Outpatient Utilization Management	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	BCBSNM	Add effective 1/1/2027
E2301	Outpatient Utilization Management	Wheelchair accessory, power standing system, any type	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
E2311	Outpatient Utilization Management	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	BCBSNM	Add effective 1/1/2027
E2510	Outpatient Utilization Management	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	BCBSNM	Add effective 1/1/2027
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	_
G0277	Wound Care or Outpatient Utilization Management	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
J3145	Outpatient Utilization Management	Injection, testosterone undecanoate, 1 mg	BCBSNM	Add effective 1/1/2027
J7330	Musculoskeletal Joint, Spine Surgery	Autologous Cultured Chondrocytes Implant	Carelon	_
K0455	Home Infusion Therapy	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication (E. G. Epoprostenol Or Treprostinol)	BCBSNM	_
K0861	Outpatient Utilization Management	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	BCBSNM	Add effective 1/1/2027
L8600	Outpatient Surgery (Breast) or Outpatient Utilization Management	Implantable Breast Prosthesis, Silicone Or Equal	BCBSNM	_
L8614	Ear, Nose, and Throat	Cochlear Device, Includes All Internal And External Components	BCBSNM	Remove effective 10/1/2026
L8614	Outpatient Utilization Management	Cochlear Device, Includes All Internal And External Components	BCBSNM	Add effective 1/1/2027
L8615	Ear, Nose, and Throat	Headset/Headpiece For Use With Cochlear Implant Device Replacement	BCBSNM	Remove effective 10/1/2026
L8616	Ear, Nose, and Throat	Microphone For Use With Cochlear Implant Device Replacement	BCBSNM	Remove effective 10/1/2026
L8617	Ear, Nose, and Throat	Transmitting Coil For Use With Cochlear Implant Device Replacement	BCBSNM	Remove effective 10/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
L8618	Ear, Nose, and Throat	Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated Device Replacement	BCBSNM	Remove effective 10/1/2026
L8619	Ear, Nose, and Throat	Cochlear Implant External Speech Processor And Controller Integrated System Replacement	BCBSNM	Remove effective 10/1/2026
L8621	Ear, Nose, and Throat	Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated Sound Processors Replacement Each	BCBSNM	Remove effective 10/1/2026
L8622	Ear, Nose, and Throat	Alkaline Battery For Use With Cochlear Implant Device Any Size Replacement Each	BCBSNM	Remove effective 10/1/2026
L8623	Ear, Nose, and Throat	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor Other Than Ear Level Replacement Each	BCBSNM	Remove effective 10/1/2026
L8624	Ear, Nose, and Throat	Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor Ear Level Replacement Each	BCBSNM	Remove effective 10/1/2026
L8627	Ear, Nose, and Throat	Cochlear Implant External Speech Processor Component Replacement	BCBSNM	Remove effective 10/1/2026
L8628	Ear, Nose, and Throat	Cochlear Implant, External Controller Component, Replacement	BCBSNM	Remove effective 10/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
L8629	Ear, Nose, and Throat	Transmitting Coil And Cable Integrated For Use With Cochlear Implant Device Replacement	BCBSNM	Remove effective 10/1/2026
L8679	Outpatient Utilization Management	Implantable Neurostimulator, Pulse Generator, Any Type	BCBSNM	Add effective 1/1/2027
L8680	Outpatient Utilization Management	Implantable Neurostimulator Electrode, Each	BCBSNM	Add effective 1/1/2027
L8685	Outpatient Utilization Management	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension	BCBSNM	Add effective 1/1/2027
L8686	Outpatient Utilization Management	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension	BCBSNM	Add effective 1/1/2027
L8687	Outpatient Utilization Management	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension	BCBSNM	Add effective 1/1/2027
L8688	Outpatient Utilization Management	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension	BCBSNM	Add effective 1/1/2027
L8690	Ear, Nose, and Throat	Auditory Osseointegrated Device, Includes All Internal And External Components	BCBSNM	Remove effective 10/1/2026
L8690	Outpatient Utilization Management	Auditory Osseointegrated Device, Includes All Internal And External Components	BCBSNM	Add effective 1/1/2027
L8691	Ear, Nose, and Throat	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each	BCBSNM	Remove effective 10/1/2026

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
L8691	Outpatient Utilization Management	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each	BCBSNM	Add effective 1/1/2027
L8693	Ear, Nose, and Throat	Auditory Osseointegrated Device Abutment Any Length Replacement Only	BCBSNM	Remove effective 10/1/2026
L8702	Outpatient Utilization Management	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	BCBSNM	Add effective 1/1/2027
Q0081	Home Infusion Therapy	Infusion Ther Other Than Che	BCBSNM	_
Q0083	Home Infusion Therapy	Chemo By Other Than Infusion	BCBSNM	_
Q0084	Home Infusion Therapy	Chemotherapy By Infusion	BCBSNM	_
Q0085	Home Infusion Therapy	Chemo By Both Infusion And O	BCBSNM	_
Q3001	Radiation Therapy/Radiation Oncology	Radioelements For Brachytherapy Any Type Each	Carelon	_
Q4116	Outpatient Utilization Management	Alloderm, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027
Q4122	Outpatient Utilization Management	Dermacell, dermacell awm or dermacell awm porous, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027
Q4128	Outpatient Utilization Management	Flex hd, or allopatch hd, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
Q4133	Outpatient Utilization Management	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027
Q4158	Outpatient Utilization Management	Kerecis omega3, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027
Q4159	Outpatient Utilization Management	Affinity, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027
Q4186	Outpatient Utilization Management	Epifix, per square centimeter (add-on, list separately in addition to primary procedure)	BCBSNM	Add effective 1/1/2027
S0215	Outpatient Utilization Management	Non-emergency transportation; mileage, per mile	BCBSNM	Add effective 1/1/2027
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	_
S2112	Musculoskeletal Joint, Spine Surgery	Arthroscopy, Knee, Surgical For Harvesting Of Cartilage (Chondrocyte Cells)	Carelon	_
S2120	Cardiology - Lipid Apheresis	Low Density Lipoprotein (Ldl) Apheresis Using Heparin-Induced Extracorporeal Ldl Precipitation	BCBSNM	Remove effective 1/1/2027

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S3870	Molecular Genetic Lab Testing	Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay Autism Spectrum Disorder And/Or Intellectual Disability	Carelon	_
S5035	Home Infusion Therapy	Home Infusion Therapy Routine Service Of Infusion Device (E. G. Pump Maintenance)	BCBSNM	_
S5036	Home Infusion Therapy	Home Infusion Therapy Repair Of Infusion Device (E. G. Pump Repair)	BCBSNM	_
S5497	Home Infusion Therapy	Home Infusion Therapy Catheter Care / Maintenance Not Otherwise Classified; Includes Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S5498	Home Infusion Therapy	Hit Simple Cath Care	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
S5517	Home Infusion Therapy	Hit Declotting Kit	BCBSNM	_
S5518	Home Infusion Therapy	Hit Cath Repair Kit	BCBSNM	_
S5520	Home Infusion Therapy	Hit Picc Insert Kit	BCBSNM	_
S5521	Home Infusion Therapy	Hit Midline Cath Insert Kit	BCBSNM	_
S5522	Home Infusion Therapy	Hit Picc Insert No Supp	BCBSNM	_
S5523	Home Infusion Therapy	Hip Midline Cath Insert Kit	BCBSNM	_
S8030	Radiation Therapy/Radiation Oncology	Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy	Carelon	_
S8037	Advanced Imaging/Radiology	Magnetic Resonance Cholangiopancreatography (Mrcp)	Carelon	_
S9061	Home Infusion Therapy	Medical Supplies And Equipme	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
S9326	Home Infusion Therapy	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9327	Home Infusion Therapy	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9328	Home Infusion Therapy	Hit Pain Imp Pump Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9329	Home Infusion Therapy	Home infusion therapy, chemotherapy 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 s9330 or s9331)	BCBSNM	_
S9330	Home Infusion Therapy	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9331	Home Infusion Therapy	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9335	Home Infusion Therapy	Home Therapy, Hemodialysis; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Services Coded Separately), Per Diem	BCBSNM	_
S9336	Home Infusion Therapy	Home infusion therapy, continuous anticoagulant infusion 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	BCBSNM	_
S9338	Home Infusion Therapy	Hit Immunotherapy Diem	BCBSNM	_
S9339	Home Infusion Therapy	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9340	Home Infusion Therapy	Home Therapy; Enteral Nutrition; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9341	Home Infusion Therapy	Home Therapy; Enteral Nutrition Via Gravity; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9342	Home Infusion Therapy	Home Therapy; Enteral Nutrition Via Pump; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9343	Home Infusion Therapy	Home Therapy; Enteral Nutrition Via Bolus; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9345	Home Infusion Therapy	Home infusion therapy, anti-hemophilic agent infusion therapy (e. G. Factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9346	Home Infusion Therapy	Hit Alpha-1-Proteinas Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9347	Home Infusion Therapy	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e. G. Epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9348	Home Infusion Therapy	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e. G. , dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9349	Home Infusion Therapy	Hit Tocolysis Diem	BCBSNM	_
S9351	Home Infusion Therapy	Hit Cont Antiemetic Diem	BCBSNM	_
S9353	Home Infusion Therapy	Hit Cont Insulin Diem	BCBSNM	_
S9355	Home Infusion Therapy	Home Infusion Therapy Chelation Therapy; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
S9361	Home Infusion Therapy	Hit Diuretic Infus Diem	BCBSNM	_
S9363	Home Infusion Therapy	Hit Anti-Spasmotic Diem	BCBSNM	_
S9364	Home Infusion Therapy	Home Infusion Therapy Total Parenteral Nutrition (Tpn); Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem (Do Not Use With Home Infusion Codes S9365-S9368 Using Daily Volume Scales)	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9365	Home Infusion Therapy	Home Infusion Therapy Total Parenteral Nutrition (Tpn); One Liter Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9366	Home Infusion Therapy	Home Infusion Therapy Total Parenteral Nutrition (Tpn); More Than One Liter But No More Than Two Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9367	Home Infusion Therapy	Home Infusion Therapy Total Parenteral Nutrition (Tpn); More Than Two Liters But No More Than Three Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9368	Home Infusion Therapy	Home Infusion Therapy Total Parenteral Nutrition (Tpn); More Than Three Liters Per Day Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids Specialty Amino Acid Formulas Drugs Other Than In Standard Formula And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9370	Home Infusion Therapy	Ht Inj Antiemetic Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
S9374	Home Infusion Therapy	Hit Hydra 1 Liter Diem	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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
S9377	Home Infusion Therapy	Hit Hydra Over 3L Diem	BCBSNM	_
S9379	Home Infusion Therapy	Home Infusion Therapy Infusion Therapy Not Otherwise Classified; Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9490	Home Infusion Therapy	Hit Corticosteroid/Diem	BCBSNM	_
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
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	_
S9503	Home Infusion Therapy	Hit Antibiotic Q6H Diem	BCBSNM	_
S9504	Home Infusion Therapy	Hit Antibiotic Q4H Diem	BCBSNM	_
S9529	Home Infusion Therapy	Venipuncture Home/Snf	BCBSNM	_
S9537	Home Infusion Therapy	Home Therapy; Hematopoietic Hormone Injection Therapy (E. G. Erythropoietin G-Csf Gm-Csf); Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9538	Home Infusion Therapy	Hit Blood Products Diem	BCBSNM	_
S9542	Home Infusion Therapy	Home Injectable Therapy Not Otherwise Classified Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	Code Description	Managed By	Updates
S9558	Home Infusion Therapy	Home Injectable Therapy; Growth Hormone Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9559	Home Infusion Therapy	Hit Inj Interferon Diem	BCBSNM	_
S9560	Home Infusion Therapy	Home Injectable Therapy; Hormonal Therapy (E. G. ; Leuprolide Goserelin) Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_
S9562	Home Infusion Therapy	Home Injectable Therapy Palivizumab Or Other Monoclonal Antibody For Rsv Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately) Per Diem	BCBSNM	_

Procedure Code	PA Category Note: Outpatient Utilization Management category effective upon account renewal	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	_
S9960	Medical Transportation	Ambulance Service, Conventional Air Service, Nonemergency Transport, One Way (Fixed Wing)	Alacura	Add effective 1/1/2027
S9961	Medical Transportation	Ambulance Service, Conventional Air Service, Nonemergency Transport, One Way (Rotary Wing)	Alacura	Add effective 1/1/2027
S9988	Outpatient Utilization Management	Services provided as part of a phase i clinical trial	BCBSNM	Add effective 1/1/2027
S9990	Outpatient Utilization Management	Services provided as part of a phase ii clinical trial	BCBSNM	Add effective 1/1/2027
S9991	Outpatient Utilization Management	Services provided as part of a phase iii clinical trial	BCBSNM	Add effective 1/1/2027

Important Notes:

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