BlueCross BlueShield of New Mexico

2026 Commercial Outpatient Medical Surgical ASO
Medical Surgical Procedure Code List
Effective 1/1/2026
(Updated October 2025)

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	Service Category	Code Description	Managed By	Updates
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),	Carelon	Add effective 1/1/2026
70336	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity
70450	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70460	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70470	Advanced Imaging/Radiology	Computed Tomography Head Or Brain; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70480	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
70481	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70482	Advanced Imaging/Radiology	Computed Tomography Orbit Sella Or Posterior Fossa Or Outer Middle Or Inner Ear; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70486	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70487	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70488	Advanced Imaging/Radiology	Computed Tomography Maxillofacial Area; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70490	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70491	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70492	Advanced Imaging/Radiology	Computed Tomography Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70496	Advanced Imaging/Radiology	Computed Tomographic Angiography Head With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70498	Advanced Imaging/Radiology	Computed Tomographic Angiography Neck With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70540	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70542	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
70543	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Orbit Face And/Or Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70544	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70545	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70546	Advanced Imaging/Radiology	Magnetic Resonance Angiography Head; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70547	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70548	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70549	Advanced Imaging/Radiology	Magnetic Resonance Angiography Neck; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70551	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70552	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70553	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
70554	Advanced Imaging/Radiology	Magnetic Resonance Imaging Brain Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation Not Requiring Physician Or Psychologist Administration	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
70555	Advanced Imaging/Radiology	Magnetic Resonance Imaging Brain Functional Mri; Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing	Carelon	_
71250	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71260	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71270	Advanced Imaging/Radiology	Computed Tomography Thorax Diagnostic; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71271	Advanced Imaging/Radiology	Computed Tomography Thorax Low Dose For Lung Cancer Screening Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71275	Advanced Imaging/Radiology	Computed Tomographic Angiography Chest (Noncoronary) With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71550	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71551	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71552	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
71555	Advanced Imaging/Radiology	Magnetic Resonance Angiography Chest (Excluding Myocardium) With Or Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72125	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
72126	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; With Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72127	Advanced Imaging/Radiology	Computed Tomography Cervical Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72128	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72129	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; With Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72130	Advanced Imaging/Radiology	Computed Tomography Thoracic Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72131	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72132	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; With Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72133	Advanced Imaging/Radiology	Computed Tomography Lumbar Spine; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72141	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72142	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Cervical; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72146	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72147	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Thoracic; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72148	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72149	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Lumbar; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
72156	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Cervical	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72157	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Thoracic	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72158	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Spinal Canal And Contents Without Contrast Material Followed By Contrast Material(S) And Further Sequences; Lumbar	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72159	Advanced Imaging/Radiology	Magnetic Resonance Angiography Spinal Canal And Contents With Or Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72191	Advanced Imaging/Radiology	Computed Tomographic Angiography Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72192	Advanced Imaging/Radiology	Computed Tomography Pelvis; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72193	Advanced Imaging/Radiology	Computed Tomography Pelvis; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72194	Advanced Imaging/Radiology	Computed Tomography Pelvis; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72195	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72196	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
72197	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Pelvis; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
72198	Advanced Imaging/Radiology	Magnetic Resonance Angiography Pelvis With Or Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73200	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73201	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73202	Advanced Imaging/Radiology	Computed Tomography Upper Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73206	Advanced Imaging/Radiology	Computed Tomographic Angiography Upper Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73218	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73219	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73220	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73221	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73222	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73223	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73225	Advanced Imaging/Radiology	Magnetic Resonance Angiography Upper Extremity With Or Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
73700	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73701	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73702	Advanced Imaging/Radiology	Computed Tomography Lower Extremity; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73706	Advanced Imaging/Radiology	Computed Tomographic Angiography Lower Extremity With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73718	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73719	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73720	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73721	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73722	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73723	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity; Without Contrast Material(S) Followed By Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
73725	Advanced Imaging/Radiology	Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74150	Advanced Imaging/Radiology	Computed Tomography Abdomen; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74160	Advanced Imaging/Radiology	Computed Tomography Abdomen; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

Procedure Code	Service Category	Code Description	Managed By	Updates
74170	Advanced Imaging/Radiology	Computed Tomography Abdomen; Without Contrast Material Followed By Contrast Material(S) And Further Sections	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74174	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdomen And Pelvis With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74175	Advanced Imaging/Radiology	Computed Tomographic Angiography Abdomen With Contrast Material(S) Including Noncontrast Images If Performed And Image Postprocessing	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74176	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74177	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74178	Advanced Imaging/Radiology	Computed Tomography Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74181	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74182	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; With Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74183	Advanced Imaging/Radiology	Magnetic Resonance (Eg Proton) Imaging Abdomen; Without Contrast Material(S) Followed By With Contrast Material(S) And Further Sequences	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74185	Advanced Imaging/Radiology	Magnetic Resonance Angiography Abdomen With Or Without Contrast Material(S)	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.
74261	Advanced Imaging/Radiology	Computed Tomographic (Ct) Colonography Diagnostic Including Image Postprocessing; Without Contrast Material	Carelon	Effective 01/01/2025, addition of site of care to the medical necessity criteria.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
S9590	Home Infusion Therapy	Home therapy, irrigation therapy (e. G. Sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	BCBSNM	_
S9810	Home Infusion Therapy	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	BCBSNM	_
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
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

Procedure Code	Service Category	Code Description	Managed By	Updates
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
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	Add effective 1/1/2026
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
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

Procedure Code	Service Category	Code Description	Managed By	Updates
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
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	_
81165	Molecular Genetic Lab Testing	Brca1 (Brca1 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
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	Service Category	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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
81195	Molecular Genetic Lab Testing	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	Carelon	Add effective 04/01/2025
81200	Molecular Genetic Lab Testing	Aspa (Aspartoacylase) (Eg Canavan Disease) Gene Analysis Common Variants (Eg E285A Y231X)	Carelon	_
81201	Molecular Genetic Lab Testing	Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Full Gene Sequence	Carelon	_
81202	Molecular Genetic Lab Testing	Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Known Familial Variants	Carelon	_
81203	Molecular Genetic Lab Testing	Apc (Adenomatous Polyposis Coli) (Eg Familial Adenomatosis Polyposis [Fap] Attenuated Fap) Gene Analysis; Duplication/Deletion Variants	Carelon	_
81204	Molecular Genetic Lab Testing	Ar (Androgen Receptor) (Eg Spinal And Bulbar Muscular Atrophy Kennedy Disease X Chromosome Inactivation) Gene Analysis; Characterization Of Alleles (Eg Expanded Size Or Methylation Status)	Carelon	_
81205	Molecular Genetic Lab Testing	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1 Beta Polypeptide) (Eg Maple Syrup Urine Disease) Gene Analysis Common Variants (Eg R183P G278S E422X)	Carelon	_
81208	Molecular Genetic Lab Testing	Bcr/Abl1 (T(9;22)) (Eg Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint Qualitative Or Quantitative	Carelon	_
81209	Molecular Genetic Lab Testing	Blm (Bloom Syndrome Recq Helicase-Like) (Eg Bloom Syndrome) Gene Analysis 2281Del6Ins7 Variant	Carelon	_

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

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
81229	Molecular Genetic Lab Testing	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number And Single Nucleotide Polymorphism (Snp) Variants Comparative Genomic Hybridization (Cgh) Microarray Analysis	Carelon	_
81230	Molecular Genetic Lab Testing	Cyp3A4 (Cytochrome P450 Family 3 Subfamily A Member 4) (Eg Drug Metabolism) Gene Analysis Common Variant(S) (Eg *2 *22)	Carelon	_
81231	Molecular Genetic Lab Testing	Cyp3A5 (Cytochrome P450 Family 3 Subfamily A Member 5) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3 *4 *5 *6 *7)	Carelon	_

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

Procedure Code	Service Category	Code Description	Managed By	Updates
81242	Molecular Genetic Lab Testing	Fancc (Fanconi Anemia Complementation Group C) (Eg Fanconi Anemia Type C) Gene Analysis Common Variant (Eg 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	_
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	_

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
81289	Molecular Genetic Lab Testing	Fxn (Frataxin) (Eg Friedreich Ataxia) Gene Analysis; Known Familial Variant(S)	Carelon	_
81290	Molecular Genetic Lab Testing	Mcoln1 (Mucolipin 1) (Eg 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	_
81294	Molecular Genetic Lab Testing	Mlh1 (Mutl Homolog 1 Colon Cancer Nonpolyposis Type 2) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon	_
81295	Molecular Genetic Lab Testing	Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Carelon	_
81296	Molecular Genetic Lab Testing	Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Known Familial Variants	Carelon	_
81297	Molecular Genetic Lab Testing	Msh2 (Muts Homolog 2 Colon Cancer Nonpolyposis Type 1) (Eg Hereditary Non-Polyposis Colorectal Cancer Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon	_

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
81331	Molecular Genetic Lab Testing	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg Prader-Willi Syndrome And/Or Angelman Syndrome) Methylation Analysis	Carelon	_
81332	Molecular Genetic Lab Testing	Serpina1 (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	_
81335	Molecular Genetic Lab Testing	Tpmt (Thiopurine S-Methyltransferase) (Eg Drug Metabolism) Gene Analysis Common Variants (Eg *2 *3)	Carelon	_
81336	Molecular Genetic Lab Testing	Smn1 (Survival Of Motor Neuron 1 Telomeric) (Eg Spinal Muscular Atrophy) Gene Analysis; Full Gene Sequence	Carelon	_
81337	Molecular Genetic Lab Testing	Smn1 (Survival Of Motor Neuron 1 Telomeric) (Eg Spinal Muscular Atrophy) Gene Analysis; Known Familial Sequence Variant(S)	Carelon	_
81338	Molecular Genetic Lab Testing	Mpl (Mpl Proto-Oncogene Thrombopoietin Receptor) (Eg Myeloproliferative Disorder) Gene Analysis; Common Variants (Eg W515A W515K W515L W515R)	Carelon	_

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

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

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

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

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

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

Procedure Code	Service Category	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 Molecule) (Eg Lynch Syndrome) Duplication/Deletion Analysis F8 (Coagulation Factor Viii) (Eg Hemophilia A) Inversion Analysis Intron 1 And Intron 22A F12 (Coagulation Factor Xii [Hageman Factor]) (Eg Angioedema Hereditary Type Iii; Factor Xii Deficiency) Targeted Sequence Analysis Of Exon 9 Fgfr3 (Fibroblast Growth Factor Receptor 3) (Eg Isolated Craniosynostosis) Targeted Sequence Analysis (Eg Exon 7) (For Targeted Sequence Analysis Of Multiple Fgfr3 Exons Use 81404) Gjb1	Carelon	_

Procedure Code	Service Category	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 Gene Sequence Cd40Lg (Cd40 Ligand) (Eg X-Linked Hyper Igm Syndrome) Full Gene Sequence Cdkn2A (Cyclin-Dependent Kinase Inhibitor 2A) (Eg Cdkn2A-Related Cutaneous Malignant Melanoma Familial Atypical Mole-Malignant Melanoma Syndrome) Full Gene Sequence Clrn1 (Clarin 1) (Eg Usher Syndrome Type 3) Full Gene Sequence Cox6B1 (Cytochrome C Oxidase Subunit Vib Polypeptide 1) (Eg Mitochondrial Respiratory Chain Complex Iv Deficiency) Full Gene Sequence Cpt2	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
81405	Molecular Genetic Lab Testing	Molecular Pathology Procedure Level 6 (Eg Analysis Of 6-10 Exons By Dna Sequence Analysis Mutation Scanning Or Duplication/Deletion Variants Of 11-25 Exons Regionally Targeted Cytogenomic Array Analysis) Abcd1 (Atp-Binding Cassette Sub-Family D [Ald] Member 1) (Eg Adrenoleukodystrophy) Full Gene Sequence Acads (Acyl-Coa Dehydrogenase C-2 To C-3 Short Chain) (Eg Short Chain Acyl-Coa Dehydrogenase Deficiency) Full Gene Sequence Acta2 (Actin Alpha 2 Smooth Muscle Aorta) (Eg Thoracic Aortic Aneurysms And Aortic Dissections) Full Gene Sequence Actc1 (Actin Alpha Cardiac Muscle 1) (Eg Familial Hypertrophic Cardiomyopathy) Full Gene Sequence Ankrd1 (Ankyrin Repeat Domain 1) (Eg Dilated Cardiomyopathy) Full Gene Sequence Aptx (Aprataxin) (Eg Ataxia With Oculomotor Apraxia 1) Full Gene Sequence Arsa (Arylsulfatase A) (Eg Arylsulfatase A Deficiency) Full Gene Sequence Bckdha (Branched Chain Keto Acid Dehydrogenase E1 Alpha Polypeptide) (Eg Maple Syrup Urine Disease Type 1A) Full Gene Sequence Bcs1L (Bcs1-Like [S. Cerevisiae]) (Eg Leigh Syndrome Mitochondrial Complex Iii Deficiency Gracile Syndrome) Full Gene Sequence Bmpr2 (Bone Morphogenetic Protein Receptor Type Ii [Serine/Threonine Kinase]) (Eg Heritable Pulmonary Arterial Hypertension) Duplication/Deletion Analysis Casq2 (Calsequestrin 2 [Cardiac Muscle]) (Eg Catecholaminergic Polymorphic Ventricular Tachycardia) Full Gene Sequence Casr (Calcium-Sensing Receptor) (Eg Hypocalcemia) Full Gene Sequence Cdkl5	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
81406	Molecular Genetic Lab Testing	Molecular Pathology Procedure Level 7 (Eg Analysis Of 11-25 Exons By Dna Sequence Analysis Mutation Scanning Or Duplication/Deletion Variants Of 26-50 Exons) Acadvl (Acyl-Coa Dehydrogenase Very Long Chain) (Eg Very Long Chain Acyl-Coenzyme A Dehydrogenase Deficiency) Full Gene Sequence Actn4 (Actinin Alpha 4) (Eg Focal Segmental Glomerulosclerosis) Full Gene Sequence Afg3L2 (Afg3 Atpase Family Gene 3-Like 2 [S. Cerevisiae]) (Eg Spinocerebellar Ataxia) Full Gene Sequence Aire (Autoimmune Regulator) (Eg Autoimmune Polyendocrinopathy Syndrome Type 1) Full Gene Sequence Aldh7A1 (Aldehyde Dehydrogenase 7 Family Member A1) (Eg Pyridoxine-Dependent Epilepsy) Full Gene Sequence Ano5 (Anoctamin 5) (Eg Limb-Girdle Muscular Dystrophy) Full Gene Sequence Anos1 (Anosmin-1) (Eg Kallmann Syndrome 1) Full Gene Sequence App (Amyloid Beta [A4] Precursor Protein) (Eg Alzheimer Disease) Full Gene Sequence Ass1 (Argininosuccinate Synthase 1) (Eg Citrullinemia Type I) Full Gene Sequence Atl1 (Atlastin Gtpase 1) (Eg Spastic Paraplegia) Full Gene Sequence Atp1A2 (Atpase Na+/K+ Transporting Alpha 2 Polypeptide) (Eg Familial Hemiplegic Migraine) Full Gene Sequence Atp7B (Atpase Cu++ Transporting Beta Polypeptide) (Eg Wilson Disease) Full Gene Sequence Bbs1 (Bardet-Biedl Syndrome 1) (Eg Bardet-Biedl Syndrome) Full Gene Sequence Bbs2 (Bardet-Biedl Syndrome 2) (Eg Bardet-Biedl Syndrome) Full Gene Sequence Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1 Beta Polypeptide) (Eg Maple Syrup Urine	Carelon	_

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

Procedure Code	Service Category	Code Description	Managed By	Updates
81408	Molecular Genetic Lab Testing	Molecular Pathology Procedure Level 9 (Eg Analysis Of >50 Exons In A Single Gene By Dna Sequence Analysis) Abca4 (Atp-Binding Cassette Sub-Family A [Abc1] Member 4) (Eg Stargardt Disease Age-Related Macular Degeneration) Full Gene Sequence Atm (Ataxia Telangiectasia Mutated) (Eg Ataxia Telangiectasia) Full Gene Sequence Cdh23 (Cadherin-Related 23) (Eg Usher Syndrome Type 1) Full Gene Sequence Cep290 (Centrosomal Protein 290Kda) (Eg Joubert Syndrome) Full Gene Sequence Col1A1 (Collagen Type I Alpha 1) (Eg Osteogenesis Imperfecta Type I) Full Gene Sequence Col1A2 (Collagen Type I Alpha 2) (Eg Osteogenesis Imperfecta Type I) Full Gene Sequence Col4A1 (Collagen Type Iv Alpha 1) (Eg Brain Small-Vessel Disease With Hemorrhage) Full Gene Sequence Col4A3 (Collagen Type Iv Alpha 3 [Goodpasture Antigen]) (Eg Alport Syndrome) Full Gene Sequence Col4A5 (Collagen Type Iv Alpha 5) (Eg Alport Syndrome) Full Gene Sequence Dmd (Dystrophin) (Eg Duchenne/Becker Muscular Dystrophy) Full Gene Sequence Dysf (Dysferlin Limb Girdle Muscular Dystrophy 2B [Autosomal Recessive]) (Eg Limb-Girdle Muscular Dystrophy) Full Gene Sequence Fbn1 (Fibrillin 1) (Eg Marfan Syndrome) Full Gene Sequence Itpr1 (Inositol 1 4 5-Trisphosphate Receptor Type 1) (Eg Spinocerebellar Ataxia) Full Gene Sequence Lama2 (Laminin Alpha 2) (Eg Congenital Muscular Dystrophy) Full Gene Sequence Lrrk2 (Leucine-Rich Repeat Kinase 2) (Eg Parkinson Disease) Full Gene Sequence Myh11 (Myosin Heavy Chain 11 Smooth Muscle) (Eg Thoracic	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
81410	Molecular Genetic Lab Testing	Aortic Dysfunction Or Dilation (Eg Marfan Syndrome Loeys Dietz Syndrome Ehler Danlos Syndrome Type Iv Arterial Tortuosity Syndrome); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 9 Genes Including Fbn1 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	_
81413	Molecular Genetic Lab Testing	Cardiac Ion Channelopathies (Eg Brugada Syndrome Long Qt Syndrome Short Qt Syndrome Catecholaminergic Polymorphic Ventricular Tachycardia); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 10 Genes Including Ank2 Casq2 Cav3 Kcne1 Kcne2 Kcnh2 Kcnj2 Kcnq1 Ryr2 And Scn5A	Carelon	_

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
81432	Molecular Genetic Lab Testing	Hereditary Breast Cancer-Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 10 Genes Always Including Brca1 Brca2 Cdh1 Mlh1 Msh2 Msh6 Palb2 Pten Stk11 And Tp53	Carelon	_
81433	Molecular Genetic Lab Testing	Hereditary Breast Cancer-Related Disorders (Eg Hereditary Breast Cancer Hereditary Ovarian Cancer Hereditary Endometrial Cancer); Duplication/Deletion Analysis Panel Must Include Analyses For Brca1 Brca2 Mlh1 Msh2 And Stk11	Carelon	Retire Effective 04/01/2025
81434	Molecular Genetic Lab Testing	Hereditary Retinal Disorders (Eg Retinitis Pigmentosa Leber Congenital Amaurosis Cone-Rod Dystrophy) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 15 Genes Including Abca4 Cnga1 Crb1 Eys Pde6A Pde6B Prpf31 Prph2 Rdh12 Rho Rp1 Rp2 Rpe65 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	Service Category	Code Description	Managed By	Updates
81436	Molecular Genetic Lab Testing	Hereditary Colon Cancer Disorders (Eg Lynch Syndrome Pten Hamartoma Syndrome Cowden Syndrome Familial Adenomatosis Polyposis); Duplication/Deletion Analysis Panel Must Include Analysis Of At Least 5 Genes Including Mlh1 Msh2 Epcam Smad4 And Stk11	Carelon	Retire Effective 04/01/2025
81437	Molecular Genetic Lab Testing	Hereditary Neuroendocrine Tumor Disorders (Eg Medullary Thyroid Carcinoma Parathyroid Carcinoma Malignant Pheochromocytoma Or Paraganglioma); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 6 Genes Including Max Sdhb Sdhc Sdhd Tmem127 And Vhl	Carelon	_
81438	Molecular Genetic Lab Testing	Hereditary Neuroendocrine Tumor Disorders (Eg Medullary Thyroid Carcinoma Parathyroid Carcinoma Malignant Pheochromocytoma Or Paraganglioma); Duplication/Deletion Analysis Panel Must Include Analyses For Sdhb Sdhc Sdhd And Vhl	Carelon	Retire Effective 04/01/2025
81439	Molecular Genetic Lab Testing	Hereditary Cardiomyopathy (Eg Hypertrophic Cardiomyopathy Dilated Cardiomyopathy Arrhythmogenic Right Ventricular Cardiomyopathy) Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 5 Cardiomyopathy-Related Genes (Eg Dsg2 Mybpc3 Myh7 Pkp2 Ttn)	Carelon	_
81440	Molecular Genetic Lab Testing	Nuclear Encoded Mitochondrial Genes (Eg Neurologic Or Myopathic Phenotypes) Genomic Sequence Panel Must Include Analysis Of At Least 100 Genes Including Bcs1L C10Orf2 Coq2 Cox10 Dguok Mpv17 Opa1 Pdss2 Polg Polg2 Rrm2B Sco1 Sco2 Slc25A4 Sucla2 Suclg1 Taz Tk2 And Tymp	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
81441	Molecular Genetic Lab Testing	Inherited Bone Marrow Failure Syndromes (Ibmfs) (Eg Fanconi Anemia Dyskeratosis Congenita Diamond-Blackfan Anemia Shwachman-Diamond Syndrome Gata2 Deficiency Syndrome Congenital Amegakaryocytic Thrombocytopenia) Sequence Analysis Panel Must Include Sequencing Of At Least 30 Genes Including Brca2 Brip1 Dkc1 Fanca Fancb 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	Service Category	Code Description	Managed By	Updates
81443	Molecular Genetic Lab Testing	Genetic Testing For Severe Inherited Conditions (Eg Cystic Fibrosis Ashkenazi Jewish-Associated Disorders [Eg Bloom Syndrome Canavan Disease Fanconi Anemia Type C 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	_
81449	Molecular Genetic Lab Testing	Solid Organ Neoplasm Genomic Sequence Analysis Panel 5-50 Genes Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements If Performed; Rna Analysis	Carelon	_

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
81464	Molecular Genetic Lab Testing	Solid Organ Neoplasm Genomic Sequence Analysis Panel Cell-Free Nucleic Acid (Eg Plasma) Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis Copy Number Variants Microsatellite Instability Tumor Mutation Burden And Rearrangements	Carelon	_
81465	Molecular Genetic Lab Testing	Whole Mitochondrial Genome Large Deletion Analysis Panel (Eg Kearns-Sayre Syndrome Chronic Progressive External Ophthalmoplegia) Including Heteroplasmy Detection If Performed	Carelon	_
81470	Molecular Genetic Lab Testing	X-Linked Intellectual Disability (Xlid) (Eg Syndromic And Non-Syndromic Xlid); Genomic Sequence Analysis Panel Must Include Sequencing Of At Least 60 Genes Including Arx Atrx Cdkl5 Fgd1 Fmr1 Huwe1 Il1Rapl Kdm5C L1Cam Mecp2 Med12 Mid1 Ocrl Rps6Ka3 And Slc16A2	Carelon	_
81471	Molecular Genetic Lab Testing	X-Linked Intellectual Disability (Xlid) (Eg Syndromic And Non-Syndromic Xlid); Duplication/Deletion Gene Analysis Must Include Analysis Of At Least 60 Genes Including Arx Atrx Cdkl5 Fgd1 Fmr1 Huwe1 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	_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0138U	Molecular Genetic Lab Testing	Brca1 (Brca1 Dna Repair Associated) Brca2 (Brca2 Dna Repair Associated) (Eg Hereditary Breast And Ovarian Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	Carelon	_
0153U	Molecular Genetic Lab Testing	Oncology (Breast) Mrna Gene Expression Profiling By Next-Generation Sequencing Of 101 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue Algorithm Reported As A Triple Negative Breast Cancer Clinical Subtype(S) With Information On Immune Cell Involvement	Carelon	_
0154U	Molecular Genetic Lab Testing	Oncology (Urothelial Cancer) Rna Analysis By Real-Time Rt-Pcr Of The Fgfr3 (Fibroblast Growth Factor Receptor 3) Gene Analysis (Ie P.R248C [C.742C>T] P.S249C [C.746C>G] P.G370C [C.1108G>T] P.Y373C [C.1118A>G] Fgfr3-Tacc3V1 And Fgfr3-Tacc3V3) Utilizing Formalin-Fixed Paraffin-Embedded Urothelial Cancer Tumor Tissue Reported As Fgfr Gene Alteration Status	Carelon	_
0155U	Molecular Genetic Lab Testing	Oncology (Breast Cancer) Dna Pik3Ca (Phosphatidylinositol-4 5-Bisphosphate 3-Kinase Catalytic Subunit Alpha) (Eg Breast Cancer) Gene Analysis (Ie P.C420R P.E542K P.E545A P.E545D [G.1635G>T Only] P.E545G P.E545K P.Q546E P.Q546R P.H1047L P.H1047R P.H1047Y) Utilizing Formalin-Fixed Paraffin-Embedded Breast Tumor Tissue Reported As Pik3Ca Gene Mutation Status	Carelon	_
0156U	Molecular Genetic Lab Testing	Copy Number (Eg Intellectual Disability Dysmorphology) Sequence Analysis	Carelon	_

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

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

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

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

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

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

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0285U	Molecular Genetic Lab Testing	Oncology Response To Radiation Cell-Free Dna Quantitative Branched Chain Dna Amplification Plasma Reported As A Radiation Toxicity Score	Carelon	_
0286U	Molecular Genetic Lab Testing	Cep72 (Centrosomal Protein 72-Kda) Nudt15 (Nudix Hydrolase 15) And 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	_
0288U	Molecular Genetic Lab Testing	Oncology (Lung) Mrna Quantitative Pcr Analysis Of 11 Genes (Bag1 Brca1 Cdc6 Cdk2Ap1 Erbb3 Fut3 Il11 Lck Rnd3 Sh3Bgr Wnt3A) And 3 Reference Genes (Esd Tbp Yap1) Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue Algorithmic Interpretation Reported As A Recurrence Risk Score	Carelon	_
0289U	Molecular Genetic Lab Testing	Neurology (Alzheimer Disease) Mrna Gene Expression Profiling By Rna Sequencing Of 24 Genes Whole Blood Algorithm Reported As Predictive Risk Score	Carelon	_
0290U	Molecular Genetic Lab Testing	Pain Management Mrna Gene Expression Profiling By Rna Sequencing Of 36 Genes Whole Blood Algorithm Reported As Predictive Risk Score	Carelon	_

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

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0343U	Molecular Genetic Lab Testing	Oncology (Prostate) Exosome-Based Analysis Of 442 Small Noncoding Rnas (Sncrnas) By Quantitative Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr) Urine Reported As Molecular Evidence Of No- Low- Intermediate- Or High-Risk Of Prostate Cancer	Carelon	_
0345U	Molecular Genetic Lab Testing	Psychiatry (Eg Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Genomic Analysis Panel Variant Analysis Of 15 Genes Including Deletion/Duplication Analysis Of Cyp2D6	Carelon	_
0347U	Molecular Genetic Lab Testing	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 16 Gene Report With Variant Analysis And Reported Phenotypes	Carelon	_
0348U	Molecular Genetic Lab Testing	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 25 Gene Report With Variant Analysis And Reported Phenotypes	Carelon	_
0349U	Molecular Genetic Lab Testing	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 27 Gene Report With Variant Analysis Including Reported Phenotypes And Impacted Gene-Drug Interactions	Carelon	_
0350U	Molecular Genetic Lab Testing	Drug Metabolism Or Processing (Multiple Conditions) Whole Blood Or Buccal Specimen Dna Analysis 27 Gene Report With Variant Analysis And Reported Phenotypes	Carelon	_
0355U	Molecular Genetic Lab Testing	Apol1 (Apolipoprotein L1) (Eg Chronic Kidney Disease) Risk Variants (G1 G2)	Carelon	_

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0389U	Molecular Genetic Lab Testing	Pediatric Febrile Illness (Kawasaki Disease [Kd]) Interferon 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	_
0392U	Molecular Genetic Lab Testing	Drug Metabolism (Depression Anxiety Attention Deficit Hyperactivity Disorder [Adhd]) Gene-Drug Interactions Variant Analysis Of 16 Genes Including Deletion/Duplication Analysis Of Cyp2D6 Reported As Impact Of Gene-Drug Interaction For Each Drug	Carelon	_
0396U	Molecular Genetic Lab Testing	Obstetrics (Pre-Implantation Genetic Testing) Evaluation Of 300000 Dna Single-Nucleotide Polymorphisms (Snps) By Microarray Embryonic Tissue Algorithm Reported As A Probability For Single-Gene Germline Conditions	Carelon	Retire Effective 07/01/2025
0400U	Molecular Genetic Lab Testing	Obstetrics (Expanded Carrier Screening) 145 Genes By Nextgeneration Sequencing Fragment Analysis And Multiplex Ligationdependent Probe Amplification Dna Reported As Carrier Positive Or Negative	Carelon	_

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0449U	Molecular Genetic Lab Testing	Carrier Screening For Severe Inherited Conditions (Eg Cystic Fibrosis Spinal Muscular Atrophy Beta Hemoglobinopathies [Including 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	_
0453U	Molecular Genetic Lab Testing	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	Carelon	_
0454U	Molecular Genetic Lab Testing	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Carelon	_
0456U	Molecular Genetic Lab Testing	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	Carelon	Retire Effective 04/01/2025

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0486U	Molecular Genetic Lab Testing	Oncology (Pan-Solid Tumor), Next-Generation Sequencing Analysis Of Tumor Methylation Markers Present In Cell-Free Circulating Tumor Dna, Algorithm Reported As Quantitative Measurement Of Methylation As A Correlate Of Tumor Fraction	Carelon	Add effective 07/01/2025
0487U	Molecular Genetic Lab Testing	Oncology (Solid Tumor), Cell-Free Circulating Dna, Targeted Genomic Sequence Analysis Panel Of 84 Genes, Interrogation For Sequence Variants, Aneuploidy-Corrected Gene Copy Number Amplifications And Losses, Gene Rearrangements, And Microsatellite Instability	Carelon	Add effective 07/01/2025
0488U	Molecular Genetic Lab Testing	Obstetrics (Fetal Antigen Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis For Detection Of Fetal Presence Or Absence Of 1 Or More Of The Rh, C, C, D, E, Duffy (Fya), Or Kell (K) Antigen In Alloimmunized Pregnancies, Reported As Selected Antigen(S) Detected Or Not Detected	Carelon	Add effective 07/01/2025
0489U	Molecular Genetic Lab Testing	Obstetrics (Single-Gene Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis Of 1 Or More Targets (Eg, 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	Add effective 07/01/2025

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
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	Add effective 10/1/2025
0553U	Molecular Genetic Lab Testing	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic 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	Add effective 10/1/2025
0554U	Molecular Genetic Lab Testing	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	Carelon	Add effective 10/1/2025

Procedure Code	Service Category	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	Add effective 10/1/2025
0560U	Molecular Genetic Lab Testing	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	Carelon	Add effective 10/1/2025
0561U	Molecular Genetic Lab Testing	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	Carelon	Add effective 10/1/2025
0562U	Molecular Genetic Lab Testing	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	Carelon	Add effective 10/1/2025

Procedure Code	Service Category	Code Description	Managed By	Updates
0565U	Molecular Genetic Lab Testing	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected	Carelon	Add effective 10/1/2025
0566U	Molecular Genetic Lab Testing	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	Carelon	Add effective 10/1/2025
0567U	Molecular Genetic Lab Testing	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	Carelon	Add effective 10/1/2025
0569U	Molecular Genetic Lab Testing	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	Carelon	Add effective 10/1/2025

Procedure Code	Service Category	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	Add effective 10/1/2025
G9143	Molecular Genetic Lab Testing	Warfarin Responsiveness Testing By Genetic Technique Using Any Method Any Number Of Specimen(S)	Carelon	_
S3800	Molecular Genetic Lab Testing	Genetic Testing For Amyotrophic Lateral Sclerosis (Als)	Carelon	_
S3840	Molecular Genetic Lab Testing	Dna Analysis For Germline Mutations Of The Ret Proto-Oncogene For Susceptibility To Multiple Endocrine Neoplasia Type 2	Carelon	_
S3841	Molecular Genetic Lab Testing	Genetic Testing For Retinoblastoma	Carelon	_
S3842	Molecular Genetic Lab Testing	Genetic Testing For Von Hippel-Lindau Disease	Carelon	_
S3844	Molecular Genetic Lab Testing	Dna Analysis Of The Connexin 26 Gene (Gjb2) For Susceptibility To Congenital Profound Deafness	Carelon	_
S3845	Molecular Genetic Lab Testing	Genetic Testing For Alpha-Thalassemia	Carelon	_
S3846	Molecular Genetic Lab Testing	Genetic Testing For Hemoglobin E Beta-Thalassemia	Carelon	_
S3849	Molecular Genetic Lab Testing	Genetic Testing For Niemann-Pick Disease	Carelon	_
S3850	Molecular Genetic Lab Testing	Genetic Testing For Sickle Cell Anemia	Carelon	_
S3852	Molecular Genetic Lab Testing	Dna Analysis For Apoe Epsilon 4 Allele For Susceptibility To Alzheimer'S Disease	Carelon	_
S3853	Molecular Genetic Lab Testing	Genetic Testing For Myotonic Muscular Dystrophy	Carelon	_
S3854	Molecular Genetic Lab Testing	Gene Expression Profiling Panel For Use In The Management Of Breast Cancer Treatment	Carelon	_
S3861	Molecular Genetic Lab Testing	Genetic Testing Sodium Channel Voltage-Gated Type V Alpha Subunit (Scn5A) And Variants For Suspected Brugada Syndrome	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
S3870	Molecular Genetic Lab Testing	Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay Autism Spectrum Disorder And/Or Intellectual Disability	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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
20936	Musculoskeletal Joint, Spine Surgery	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg Ribs Spinous Process Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	Carelon	_
20937	Musculoskeletal Joint, Spine Surgery	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Carelon	_
20938	Musculoskeletal Joint, Spine Surgery	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Carelon	_
20939	Musculoskeletal Joint, Spine Surgery	Bone Marrow Aspiration For Bone Grafting Spine Surgery Only Through Separate Skin Or Fascial Incision (List Separately In Addition To Code For Primary Procedure)	Carelon	_
20974	Musculoskeletal Joint, Spine Surgery	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	Carelon	_
20975	Musculoskeletal Joint, Spine Surgery	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Carelon	_
22206	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Thoracic	Carelon	_
22207	Musculoskeletal Joint, Spine Surgery	Osteotomy Of Spine Posterior Or Posterolateral Approach 3 Columns 1 Vertebral Segment (Eg Pedicle/Vertebral Body Subtraction); Lumbar	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
22513	Musculoskeletal Joint, Spine Surgery	Percutaneous Vertebral Augmentation Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg Kyphoplasty) 1 Vertebral Body Unilateral Or Bilateral Cannulation Inclusive Of All Imaging Guidance; Thoracic	Carelon	_
22514	Musculoskeletal Joint, Spine Surgery	Percutaneous Vertebral Augmentation Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg Kyphoplasty) 1 Vertebral Body Unilateral Or Bilateral Cannulation Inclusive Of All Imaging Guidance; Lumbar	Carelon	_
22515	Musculoskeletal Joint, Spine Surgery	Percutaneous Vertebral Augmentation Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg Kyphoplasty) 1 Vertebral Body Unilateral Or Bilateral Cannulation Inclusive Of All Imaging Guidance; Each Additional Thoracic Or Lumbar Vertebral Body (List Separately In Addition To Code For Primary Procedure)	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
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	Service Category	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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
22808	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 2 To 3 Vertebral Segments	Carelon	_
22810	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 4 To 7 Vertebral Segments	Carelon	_
22812	Musculoskeletal Joint, Spine Surgery	Arthrodesis Anterior For Spinal Deformity With Or Without Cast; 8 Or More Vertebral Segments	Carelon	_
22818	Musculoskeletal Joint, Spine Surgery	Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); Single Or 2 Segments	Carelon	_
22819	Musculoskeletal Joint, Spine Surgery	Kyphectomy Circumferential Exposure Of Spine And Resection Of Vertebral Segment(S) (Including Body And Posterior Elements); 3 Or More Segments	Carelon	_
22830	Musculoskeletal Joint, Spine Surgery	Exploration Of Spinal Fusion	Carelon	_
22840	Musculoskeletal Joint, Spine Surgery	Posterior Non-Segmental Instrumentation (Eg Harrington Rod Technique Pedicle Fixation Across 1 Interspace Atlantoaxial Transarticular Screw Fixation Sublaminar Wiring At C1 Facet Screw Fixation) (List Separately In Addition To Code For Primary Procedure)	Carelon	_
22841	Musculoskeletal Joint, Spine Surgery	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Carelon	_
22842	Musculoskeletal Joint, Spine Surgery	Posterior Segmental Instrumentation (Eg Pedicle Fixation Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
22847	Musculoskeletal Joint, Spine Surgery	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Carelon	_
22848	Musculoskeletal Joint, Spine Surgery	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	Carelon	_
22849	Musculoskeletal Joint, Spine Surgery	Reinsertion Of Spinal Fixation Device	Carelon	_
22853	Musculoskeletal Joint, Spine Surgery	Insertion Of Interbody Biomechanical Device(S) (Eg Synthetic Cage Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg Screws Flanges) When Performed To Intervertebral Disc Space In Conjunction With Interbody Arthrodesis Each Interspace (List Separately In Addition To Code For Primary Procedure)	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
22854	Musculoskeletal Joint, Spine Surgery	Insertion Of Intervertebral Biomechanical Device(S) (Eg Synthetic Cage Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg Screws Flanges) When Performed To Vertebral Corpectomy(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	_
22858	Musculoskeletal Joint, Spine Surgery	Total Disc Arthroplasty (Artificial Disc) Anterior Approach Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level Cervical (List Separately In Addition To Code For Primary Procedure)	Carelon	_

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
29822	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Debridement Limited 1 Or 2 Discrete Structures (Eg Humeral Bone Humeral Articular Cartilage Glenoid Bone Glenoid Articular Cartilage Biceps Tendon Biceps Anchor Complex Labrum Articular Capsule Articular Side Of The Rotator Cuff Bursal Side Of The Rotator Cuff Subacromial Bursa Foreign Body[les])	Carelon	_
29823	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Debridement Extensive 3 Or More Discrete Structures (Eg Humeral Bone Humeral Articular Cartilage Glenoid Bone Glenoid Articular Cartilage Biceps Tendon Biceps Anchor Complex Labrum Articular Capsule Articular Side Of The Rotator Cuff Bursal Side Of The Rotator Cuff Subacromial Bursa Foreign Body[les])	Carelon	_
29824	Musculoskeletal Joint, Spine Surgery	Arthroscopy Shoulder Surgical; Distal 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	Service Category	Code Description	Managed By	Updates
29860	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	Carelon	_
29861	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Removal Of Loose Body Or Foreign Body	Carelon	_
29862	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty) Abrasion Arthroplasty And/Or Resection Of Labrum	Carelon	_
29863	Musculoskeletal Joint, Spine Surgery	Arthroscopy Hip Surgical; With Synovectomy	Carelon	_
29866	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Osteochondral Autograft(S) (Eg Mosaicplasty) (Includes Harvesting Of The Autograft[S])	Carelon	_
29867	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Osteochondral Allograft (Eg Mosaicplasty)	Carelon	_
29868	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion) Medial Or Lateral	Carelon	_
29870	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	Carelon	_
29871	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; For Infection Lavage And Drainage	Carelon	_
29873	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; With Lateral Release	Carelon	_
29874	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation Chondral Fragmentation)	Carelon	_
29875	Musculoskeletal Joint, Spine Surgery	Arthroscopy Knee Surgical; Synovectomy Limited (Eg Plica Or Shelf Resection) (Separate Procedure)	Carelon	_

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

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

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

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

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
63250	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical	Carelon	_
63252	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar	Carelon	_
63265	Musculoskeletal Joint, Spine Surgery	Laminectomy For Excision Or Evacuation Of 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	_
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	_

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

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

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

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

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

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

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

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

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

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

Procedure Code	Service Category	Code Description	Managed By	Updates
0218T	Musculoskeletal Pain	Injection(S) Diagnostic Or Therapeutic Agent Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Carelon	_
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	Add effective 10/1/2025
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	Add effective 10/1/2025
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	Add effective 10/1/2025
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	Add effective 10/1/2025
61850	Neurology	Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
61863	Neurology	Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) Without Use Of Intraoperative Microelectrode Recording; First Array	BCBSNM	_
61864	Neurology	Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) Without Use Of Intraoperative Microelectrode Recording; Each Additional Array (List Separately In Addition To Primary Procedure)	BCBSNM	_
61867	Neurology	Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) With Use Of Intraoperative Microelectrode Recording; First Array	BCBSNM	_
61868	Neurology	Twist Drill Burr Hole Craniotomy Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg Thalamus Globus Pallidus Subthalamic Nucleus Periventricular Periaqueductal Gray) With Use Of Intraoperative Microelectrode Recording; Each Additional Array (List Separately In Addition To Primary Procedure)	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
64561	Neurology	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) Including Image Guidance If Performed	BCBSNM	_
64581	Neurology	Open Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)	BCBSNM	_
A4290	Neurology	Sacral Nerve Stimulation Test Lead Each	BCBSNM	_
E0745	Neurology	Neuromuscular Stimulator Electronic Shock Unit	BCBSNM	_
A0430	Non-Emergent Air Ambulance	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	BCBSNM	_
A0435	Non-Emergent Air Ambulance	Fixed Wing Air Mileage Per Statute Mile	BCBSNM	_
19316	Outpatient Surgery (Breast)	Mastopexy	BCBSNM	_
19318	Outpatient Surgery (Breast)	Breast Reduction	BCBSNM	_
L8600	Outpatient Surgery (Breast)	Implantable Breast Prosthesis Silicone Or Equal	BCBSNM	_
15824	Outpatient Surgery (Deactivation of Headache Triggers)	Rhytidectomy; Forehead	BCBSNM	_
15826	Outpatient Surgery (Deactivation of Headache Triggers)	Rhytidectomy; Glabellar Frown Lines	BCBSNM	_
30130	Outpatient Surgery (Deactivation of Headache Triggers)	Excision Inferior Turbinate Partial Or Complete Any Method	BCBSNM	_
30140	Outpatient Surgery (Deactivation of Headache Triggers)	Submucous Resection Inferior Turbinate Partial Or Complete Any Method	BCBSNM	Retire effective 10/01/2025
30520	Outpatient Surgery (Deactivation of Headache Triggers)	Septoplasty Or Submucous Resection With Or Without Cartilage Scoring Contouring Or Replacement With Graft	BCBSNM	Retire effective 10/01/2025
64716	Outpatient Surgery (Deactivation of Headache Triggers)	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	BCBSNM	_
64732	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of; Supraorbital Nerve	BCBSNM	_
64734	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of; Infraorbital Nerve	BCBSNM	_
64771	Outpatient Surgery (Deactivation of Headache Triggers)	Transection Or Avulsion Of Other Cranial Nerve Extradural	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
67900	Outpatient Surgery (Deactivation of Headache Triggers)	Repair Of Brow Ptosis (Supraciliary Mid-Forehead Or Coronal Approach)	BCBSNM	_
21085	Outpatient Surgery (Jaw)	Impression And Custom Preparation; Oral Surgical Splint	BCBSNM	_
21110	Outpatient Surgery (Jaw)	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation Includes Removal	BCBSNM	_
21125	Outpatient Surgery (Jaw)	Augmentation Mandibular Body Or Angle; Prosthetic Material	BCBSNM	_
21127	Outpatient Surgery (Jaw)	Augmentation Mandibular Body Or Angle; With Bone Graft Onlay Or Interpositional (Includes Obtaining Autograft)	BCBSNM	_
21141	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction (Eg For Long Face Syndrome) Without Bone Graft	BCBSNM	_
21142	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Without Bone Graft	BCBSNM	_
21143	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort I; 3 Or More Pieces Segment Movement In Any Direction Without Bone Graft	BCBSNM	_
21145	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort I; Single Piece Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts)	BCBSNM	_
21146	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort I; 2 Pieces Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) (Eg Ungrafted Unilateral Alveolar Cleft)	BCBSNM	_
21147	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort I; 3 Or More Pieces Segment Movement In Any Direction Requiring Bone Grafts (Includes Obtaining Autografts) (Eg Ungrafted Bilateral Alveolar Cleft Or Multiple Osteotomies)	BCBSNM	_
21150	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort Ii; Anterior Intrusion (Eg Treacher-Collins Syndrome)	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
21151	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort Ii; Any Direction Requiring Bone Grafts (Includes Obtaining Autografts)	BCBSNM	_
21154	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort Iii (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	BCBSNM	_
21155	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort Iii (Extracranial) Any Type Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	BCBSNM	_
21159	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort Iii (Extra And Intracranial) With Forehead Advancement (Eg Mono Bloc) Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	BCBSNM	_
21160	Outpatient Surgery (Jaw)	Reconstruction Midface Lefort Iii (Extra And Intracranial) With Forehead Advancement (Eg Mono Bloc) Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	BCBSNM	_
21188	Outpatient Surgery (Jaw)	Reconstruction Midface Osteotomies (Other Than Lefort Type) And Bone Grafts (Includes Obtaining Autografts)	BCBSNM	_
21193	Outpatient Surgery (Jaw)	Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; Without Bone Graft	BCBSNM	_
21194	Outpatient Surgery (Jaw)	Reconstruction Of Mandibular Rami Horizontal Vertical C Or L Osteotomy; With Bone Graft (Includes Obtaining Graft)	BCBSNM	_
21195	Outpatient Surgery (Jaw)	Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; Without Internal Rigid Fixation	BCBSNM	_
21196	Outpatient Surgery (Jaw)	Reconstruction Of Mandibular Rami And/Or Body Sagittal Split; With Internal Rigid Fixation	BCBSNM	_
21198	Outpatient Surgery (Jaw)	Osteotomy Mandible Segmental;	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
21199	Outpatient Surgery (Jaw)	Osteotomy Mandible Segmental; With Genioglossus Advancement	BCBSNM	_
21206	Outpatient Surgery (Jaw)	Osteotomy Maxilla Segmental (Eg Wassmund Or Schuchard)	BCBSNM	_
21208	Outpatient Surgery (Jaw)	Osteoplasty Facial Bones; Augmentation (Autograft Allograft Or Prosthetic Implant)	BCBSNM	_
21209	Outpatient Surgery (Jaw)	Osteoplasty Facial Bones; Reduction	BCBSNM	_
21210	Outpatient Surgery (Jaw)	Graft Bone; Nasal Maxillary Or Malar Areas (Includes Obtaining Graft)	BCBSNM	_
21215	Outpatient Surgery (Jaw)	Graft Bone; Mandible (Includes Obtaining Graft)	BCBSNM	_
21230	Outpatient Surgery (Jaw)	Graft; Rib Cartilage Autogenous To Face Chin Nose Or Ear (Includes Obtaining Graft)	BCBSNM	_
64999	Pain Management	Unlisted Procedure Nervous System	BCBSNM	_
19294	Radiation Therapy/Radiation Oncology	Preparation Of Tumor Cavity With Placement Of A Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure)	Carelon	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
19298	Radiation Therapy/Radiation Oncology	Placement Of Radiotherapy After Loading Brachytherapy Catheters (Multiple Tube And Button Type) Into The Breast For Interstitial Radioelement Application Following (At The Time Of Or Subsequent To) Partial Mastectomy Includes Imaging Guidance	Carelon	_
20555	Radiation Therapy/Radiation Oncology	Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or Subsequent To The Procedure)	Carelon	_
31643	Radiation Therapy/Radiation Oncology	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Placement Of Catheter(S) For Intracavitary Radioelement Application	Carelon	_
32701	Radiation Therapy/Radiation Oncology	Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt) (Photon Or Particle Beam) Entire Course Of Treatment	Carelon	_
41019	Radiation Therapy/Radiation Oncology	Placement Of Needles Catheters Or Other Device(S) Into The Head And/Or Neck Region (Percutaneous Transoral Or Transnasal) For Subsequent Interstitial Radioelement Application	Carelon	_
55860	Radiation Therapy/Radiation Oncology	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance;	Carelon	_
55862	Radiation Therapy/Radiation Oncology	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy)	Carelon	_
55865	Radiation Therapy/Radiation Oncology	Exposure Of Prostate Any Approach For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy Including External Iliac Hypogastric And Obturator Nodes	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
55874	Radiation Therapy/Radiation Oncology	Transperineal Placement Of Biodegradable Material Peri-Prostatic Single Or Multiple Injection(S) Including Image Guidance When Performed	Carelon	_
55875	Radiation Therapy/Radiation Oncology	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application With Or Without Cystoscopy	Carelon	_
55920	Radiation Therapy/Radiation Oncology	Placement Of Needles Or Catheters Into Pelvic Organs And/Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application	Carelon	_
57155	Radiation Therapy/Radiation Oncology	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy	Carelon	_
57156	Radiation Therapy/Radiation Oncology	Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy	Carelon	_
58346	Radiation Therapy/Radiation Oncology	Insertion Of Heyman Capsules For Clinical Brachytherapy	Carelon	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
61800	Radiation Therapy/Radiation Oncology	Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)	Carelon	_
63620	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); 1 Spinal Lesion	Carelon	_
63621	Radiation Therapy/Radiation Oncology	Stereotactic Radiosurgery (Particle Beam Gamma Ray Or Linear Accelerator); Each Additional Spinal Lesion (List Separately In Addition To Code For Primary Procedure)	Carelon	_
67218	Radiation Therapy/Radiation Oncology	Destruction Of Localized Lesion Of Retina (Eg Macular Edema Tumors) 1 Or More Sessions; Radiation By Implantation Of Source (Includes Removal Of Source)	Carelon	_
76873	Radiation Therapy/Radiation Oncology	Ultrasound Transrectal; Prostate Volume Study For Brachytherapy Treatment Planning (Separate Procedure)	Carelon	_
76965	Radiation Therapy/Radiation Oncology	Ultrasonic Guidance For Interstitial Radioelement Application	Carelon	_
77014	Radiation Therapy/Radiation Oncology	Computed Tomography Guidance For Placement Of Radiation Therapy Fields	Carelon	_
77295	Radiation Therapy/Radiation Oncology	3-Dimensional Radiotherapy Plan Including Dose-Volume Histograms	Carelon	_
77301	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiotherapy Plan Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications	Carelon	_
77316	Radiation Therapy/Radiation Oncology	Brachytherapy Isodose Plan; Simple (Calculation[S] Made From 1 To 4 Sources Or Remote Afterloading Brachytherapy 1 Channel) Includes Basic Dosimetry Calculation(S)	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
77317	Radiation Therapy/Radiation Oncology	Brachytherapy Isodose Plan; Intermediate (Calculation[S] Made From 5 To 10 Sources Or Remote Afterloading Brachytherapy 2-12 Channels) Includes Basic Dosimetry Calculation(S)	Carelon	_
77318	Radiation Therapy/Radiation Oncology	Brachytherapy Isodose Plan; Complex (Calculation[S] Made From Over 10 Sources Or Remote Afterloading Brachytherapy Over 12 Channels) Includes Basic Dosimetry Calculation(S)	Carelon	_
77338	Radiation Therapy/Radiation Oncology	Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt) Design And Construction Per Imrt Plan	Carelon	_
77370	Radiation Therapy/Radiation Oncology	Special Medical Radiation Physics Consultation	Carelon	_
77371	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Multi-Source Cobalt 60 Based	Carelon	_
77372	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Stereotactic Radiosurgery (Srs) Complete Course Of Treatment Of Cranial Lesion(S) Consisting Of 1 Session; Linear Accelerator Based	Carelon	_
77373	Radiation Therapy/Radiation Oncology	Stereotactic Body Radiation Therapy Treatment Delivery Per Fraction To 1 Or More Lesions Including Image Guidance Entire Course Not To Exceed 5 Fractions	Carelon	_
77385	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Simple	Carelon	_
77386	Radiation Therapy/Radiation Oncology	Intensity Modulated Radiation Treatment Delivery (Imrt) Includes Guidance And Tracking When Performed; Complex	Carelon	_

Procedure Code	Service Category	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	_
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	Service Category	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	_
77772	Radiation Therapy/Radiation Oncology	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy Includes Basic Dosimetry When Performed; Over 12 Channels	Carelon	_
77778	Radiation Therapy/Radiation Oncology	Interstitial Radiation Source Application Complex Includes Supervision Handling Loading Of Radiation Source When Performed	Carelon	_
77790	Radiation Therapy/Radiation Oncology	Supervision Handling Loading Of Radiation Source	Carelon	_
79101	Radiation Therapy/Radiation Oncology	Radiopharmaceutical Therapy By Intravenous Administration	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
79403	Radiation Therapy/Radiation Oncology	Radiopharmaceutical Therapy Radiolabeled Monoclonal Antibody By Intravenous Infusion	Carelon	_
0394T	Radiation Therapy/Radiation Oncology	High Dose Rate Electronic Brachytherapy Skin Surface Application Per Fraction Includes Basic Dosimetry When Performed	Carelon	_
0395T	Radiation Therapy/Radiation Oncology	High Dose Rate Electronic Brachytherapy Interstitial Or Intracavitary Treatment Per Fraction Includes Basic Dosimetry When Performed	Carelon	_
A9508	Radiation Therapy/Radiation Oncology	Iodine I-131 Iobenguane Sulfate Diagnostic Per 0.5 Millicurie	Carelon	_
A9513	Radiation Therapy/Radiation Oncology	Lutetium Lu 177 Dotatate Therapeutic 1 Millicurie	Carelon	_
A9528	Radiation Therapy/Radiation Oncology	Iodine I-131 Sodium Iodide Capsule(S) Diagnostic Per Millicurie	Carelon	_
A9531	Radiation Therapy/Radiation Oncology	Iodine I-131 Sodium Iodide Diagnostic Per Microcurie (Up To 100 Microcuries)	Carelon	_
A9543	Radiation Therapy/Radiation Oncology	Yttrium Y-90 Ibritumomab Tiuxetan Therapeutic Per Treatment Dose Up To 40 Millicuries	Carelon	_
A9590	Radiation Therapy/Radiation Oncology	Iodine I-131 Iobenguane 1 Millicurie	Carelon	_
A9600	Radiation Therapy/Radiation Oncology	Strontium Sr-89 Chloride Therapeutic Per Millicurie	Carelon	_
A9604	Radiation Therapy/Radiation Oncology	Samarium Sm-153 Lexidronam Therapeutic Per Treatment Dose Up To 150 Millicuries	Carelon	_
A9606	Radiation Therapy/Radiation Oncology	Radium Ra-223 Dichloride Therapeutic Per Microcurie	Carelon	_
A9607	Radiation Therapy/Radiation Oncology	Lutetium Lu 177 Vipivotide Tetraxetan Therapeutic 1 Millicurie	Carelon	_
G0339	Radiation Therapy/Radiation Oncology	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
G0340	Radiation Therapy/Radiation Oncology	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery Delivery Including Collimator Changes And Custom Plugging Fractionated Treatment All Lesions Per Session Second Through Fifth Sessions Maximum Five Sessions Per Course Of Treatment	Carelon	_
G0458	Radiation Therapy/Radiation Oncology	Low Dose Rate (Ldr) Prostate Brachytherapy Services Composite Rate	Carelon	_
G6001	Radiation Therapy/Radiation Oncology	Ultrasonic Guidance For Placement Of Radiation Therapy Fields	Carelon	_
G6002	Radiation Therapy/Radiation Oncology	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	Carelon	_
G6003	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: Up To 5Mev	Carelon	_
G6004	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 6-10Mev	Carelon	_
G6005	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 11-19Mev	Carelon	_
G6006	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery Single Treatment Area Single Port Or Parallel Opposed Ports Simple Blocks Or No Blocks: 20Mev Or Greater	Carelon	_
G6007	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: Up To 5Mev	Carelon	_
G6008	Radiation Therapy/Radiation Oncology	Radiation Treatment Delivery 2 Separate Treatment Areas 3 Or More Ports On A Single Treatment Area Use Of Multiple Blocks: 6-10Mev	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
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	_
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	_

Procedure Code	Service Category	Code Description	Managed By	Updates
G6016	Radiation Therapy/Radiation Oncology	Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator Convergent Beam Modulated Fields Per Treatment Session	Carelon	_
G6017	Radiation Therapy/Radiation Oncology	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg 3D Positional Tracking Gating 3D Surface Tracking) Each Fraction Of Treatment	Carelon	_
Q3001	Radiation Therapy/Radiation Oncology	Radioelements For Brachytherapy Any Type Each	Carelon	_
S8030	Radiation Therapy/Radiation Oncology	Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy	Carelon	_
A4544	Sleep	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Carelon	Add effective 1/1/2026
E0743	Sleep	External lower extremity nerve stimulator for restless legs syndrome, each	Carelon	Add effective 1/1/2026
64582	Sleep	Open Implantation Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array	Carelon	_
64583	Sleep	Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Array And Distal Respiratory Sensor Electrode Or Electrode Array Including Connection To Existing Pulse Generator	Carelon	_
64584	Sleep	Removal Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array	Carelon	_
95782	Sleep	Polysomnography; Younger Than 6 Years Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
95783	Sleep	Polysomnography; Younger Than 6 Years Sleep Staging With 4 Or More Additional Parameters Of Sleep With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation Attended By A Technologist	Carelon	_
95800	Sleep	Sleep Study Unattended Simultaneous Recording; Heart Rate Oxygen Saturation Respiratory Analysis (Eg By Airflow Or Peripheral Arterial Tone) And Sleep Time	Carelon	_
95801	Sleep	Sleep Study Unattended Simultaneous Recording; Minimum Of Heart Rate Oxygen Saturation And Respiratory Analysis (Eg By Airflow Or Peripheral Arterial Tone)	Carelon	_
95805	Sleep	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing Recording Analysis And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness	Carelon	_
95806	Sleep	Sleep Study Unattended Simultaneous Recording Of Heart Rate Oxygen Saturation Respiratory Airflow And Respiratory Effort (Eg Thoracoabdominal Movement)	Carelon	_
95807	Sleep	Sleep Study Simultaneous Recording Of Ventilation Respiratory Effort Ecg Or Heart Rate And Oxygen Saturation Attended By A Technologist	Carelon	_
95808	Sleep	Polysomnography; Any Age Sleep Staging With 1-3 Additional Parameters Of Sleep Attended By A Technologist	Carelon	_
95810	Sleep	Polysomnography; Age 6 Years Or Older Sleep Staging With 4 Or More Additional Parameters Of Sleep Attended By A Technologist	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
95811	Sleep	Polysomnography; Age 6 Years Or Older Sleep Staging With 4 Or More Additional Parameters Of Sleep With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation Attended By A Technologist	Carelon	_
0964T	Sleep	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	Carelon	Add effective 10/1/2025
0965T	Sleep	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	Carelon	Add effective 10/1/2025
0966T	Sleep	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	Carelon	Add effective 10/1/2025
A4604	Sleep	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Carelon	_
A7027	Sleep	Combination Oral/Nasal Mask Used With Continuous Positive Airway Pressure	Carelon	_
A7028	Sleep	Oral Cushion For Combination Oral/Nasal Mask Replacement Only Each	Carelon	_
A7029	Sleep	Nasal Pillows For Combination Oral/Nasal Mask Replacement Only Pair	Carelon	_
A7030	Sleep	Full Face Mask Used With Positive Airway Pressure Device Each	Carelon	_
A7031	Sleep	Face Mask Interface Replacement For Full Face Mask Each	Carelon	_
A7032	Sleep	Cushion For Use On Nasal Mask Interface Replacement Only Each	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
A7033	Sleep	Pillow For Use On Nasal Cannula Type Interface Replacement Only Pair	Carelon	_
A7034	Sleep	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device With Or Without Head Strap	Carelon	_
A7035	Sleep	Headgear Used With Positive Airway Pressure Device	Carelon	_
A7036	Sleep	Chinstrap Used With Positive Airway Pressure Device	Carelon	_
A7037	Sleep	Tubing Used With Positive Airway Pressure Device	Carelon	_
A7038	Sleep	Filter Disposable Used With Positive Airway Pressure Device	Carelon	_
A7039	Sleep	Filter Non Disposable Used With Positive Airway Pressure Device	Carelon	_
A7044	Sleep	Oral Interface Used With Positive Airway Pressure Device Each	Carelon	_
A7045	Sleep	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices Replacement Only	Carelon	_
A7046	Sleep	Water Chamber For Humidifier Used With Positive Airway Pressure Device Replacement Each	Carelon	_
C1767	Sleep	Generator Neurostimulator (Implantable) Non-Rechargeable	Carelon	_
E0470	Sleep	Respiratory Assist Device Bi-Level Pressure Capability Without Backup Rate Feature Used With Noninvasive Interface E. G. Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Carelon	_
E0471	Sleep	Respiratory Assist Device Bi-Level Pressure Capability With Back-Up Rate Feature Used With Noninvasive Interface E. G. Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Carelon	_

Procedure Code	Service Category	Code Description	Managed By	Updates
E0485	Sleep	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Prefabricated Includes Fitting And Adjustment	Carelon	_
E0486	Sleep	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Custom Fabricated Includes Fitting And Adjustment	Carelon	_
E0561	Sleep	Humidifier Non-Heated Used With Positive Airway Pressure Device	Carelon	_
E0562	Sleep	Humidifier Heated Used With Positive Airway Pressure Device	Carelon	_
E0601	Sleep	Continuous Positive Airway Pressure (Cpap) Device	Carelon	_
G0398	Sleep	Home Sleep Study Test (Hst) With Type Ii Portable Monitor Unattended; Minimum Of 7 Channels: Eeg Eog Emg Ecg/Heart Reate Airflow Respiratory Effort And Oxygen Saturation	Carelon	_
G0399	Sleep	Home Sleep Test (Hst) With Type Iii Portable Monitor Unattended; Minimum Of 4 Channels: 2 - Respiratory Movement/Airflow 1 - Ecg/Heart Rate And 1 - Oxygen Saturation	Carelon	_
G0400	Sleep	Home Sleep Test (Hst) With Type Iv Portable Monitor Unattended; Minimum Of 3 Channels	Carelon	_
K1027	Sleep	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated Includes Fitting And Adjustment	Carelon	_
32851	Transplant Evaluations and Transplants	Lung Transplant Single; Without Cardiopulmonary Bypass	BCBSNM	_
32852	Transplant Evaluations and Transplants	Lung Transplant Single; With Cardiopulmonary Bypass	BCBSNM	_
32853	Transplant Evaluations and Transplants	Lung Transplant Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
32854	Transplant Evaluations and Transplants	Lung Transplant Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	BCBSNM	_
33935	Transplant Evaluations and Transplants	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	BCBSNM	_
33945	Transplant Evaluations and Transplants	Heart Transplant With Or Without Recipient Cardiectomy	BCBSNM	_
38204	Transplant Evaluations and Transplants	Management Of Recipient Hematopoietic Progenitor Cell Donor Search And Cell Acquisition	BCBSNM	_
38205	Transplant Evaluations and Transplants	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Allogeneic	BCBSNM	_
38206	Transplant Evaluations and Transplants	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Autologous	BCBSNM	_
38207	Transplant Evaluations and Transplants	Transplant Preparation Of Hematopoietic Progenitor Cells; Cryopreservation And Storage	BCBSNM	_
38230	Transplant Evaluations and Transplants	Bone Marrow Harvesting For Transplantation; Allogeneic	BCBSNM	_
38232	Transplant Evaluations and Transplants	Bone Marrow Harvesting For Transplantation; Autologous	BCBSNM	_
38240	Transplant Evaluations and Transplants	Hematopoietic Progenitor Cell (Hpc); Allogeneic Transplantation Per Donor	BCBSNM	_
38241	Transplant Evaluations and Transplants	Hematopoietic Progenitor Cell (Hpc); Autologous Transplantation	BCBSNM	_
38242	Transplant Evaluations and Transplants	Allogeneic Lymphocyte Infusions	BCBSNM	_
38243	Transplant Evaluations and Transplants	Hematopoietic Progenitor Cell (Hpc); Hpc Boost	BCBSNM	_
44135	Transplant Evaluations and Transplants	Intestinal Allotransplantation; From Cadaver Donor	BCBSNM	_
44136	Transplant Evaluations and Transplants	Intestinal Allotransplantation; From Living Donor	BCBSNM	_
47135	Transplant Evaluations and Transplants	Liver Allotransplantation Orthotopic Partial Or Whole From Cadaver Or Living Donor Any Age	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
48160	Transplant Evaluations and Transplants	Pancreatectomy Total Or Subtotal With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	BCBSNM	_
48554	Transplant Evaluations and Transplants	Transplantation Of Pancreatic Allograft	BCBSNM	_
50360	Transplant Evaluations and Transplants	Renal Allotransplantation Implantation Of Graft; Without Recipient Nephrectomy	BCBSNM	_
50365	Transplant Evaluations and Transplants	Renal Allotransplantation Implantation Of Graft; With Recipient Nephrectomy	BCBSNM	_
50380	Transplant Evaluations and Transplants	Reimplantation Of Kidney	BCBSNM	_
0584T	Transplant Evaluations and Transplants	Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Percutaneous	BCBSNM	_
0585T	Transplant Evaluations and Transplants	Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Laparoscopic	BCBSNM	_
0586T	Transplant Evaluations and Transplants	Islet Cell Transplant Includes Portal Vein Catheterization And Infusion Including All Imaging Including Guidance And Radiological Supervision And Interpretation When Performed; Open	BCBSNM	_
G0341	Transplant Evaluations and Transplants	Percutaneous Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	BCBSNM	_
G0342	Transplant Evaluations and Transplants	Laparoscopy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	BCBSNM	_
G0343	Transplant Evaluations and Transplants	Laparotomy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	BCBSNM	_
S2053	Transplant Evaluations and Transplants	Transplantation Of Small Intestine And Liver Allografts	BCBSNM	_
S2054	Transplant Evaluations and Transplants	Transplantation Of Multivisceral Organs	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates
S2060	Transplant Evaluations and Transplants	Lobar Lung Transplantation	BCBSNM	_
S2065	Transplant Evaluations and Transplants	Simultaneous Pancreas Kidney Transplantation	BCBSNM	_
S2102	Transplant Evaluations and Transplants	Islet Cell Tissue Transplant From Pancreas; Allogeneic	BCBSNM	_
S2140	Transplant Evaluations and Transplants	Cord Blood Harvesting For Transplantation Allogeneic	BCBSNM	_
S2142	Transplant Evaluations and Transplants	Cord Blood-Derived Stem-Cell Transplantation Allogeneic	BCBSNM	_
S2150	Transplant Evaluations and Transplants	Bone Marrow Or Blood-Derived Stem Cells (Peripheral Or Umbilical) Allogeneic Or Autologous Harvesting Transplantation And Related Complications; Including: Pheresis And Cell Preparation/Storage; Marrow Ablative Therapy; Drugs Supplies Hospitalization With Outpatient Follow-Up; Medical/Surgical Diagnostic Emergency And Rehabilitative Services; And The Number Of Days Of Pre-And Post-Transplant Care In The Global Definition	BCBSNM	_
99183	Wound Care	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy Per Session	BCBSNM	_
G0277	Wound Care	Hyperbaric Oxygen Under Pressure Full Body Chamber Per 30 Minute Interval	BCBSNM	_

Procedure Code	Service Category	Code Description	Managed By	Updates

Important Notes:

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

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

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

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

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

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

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Carelon Medical Benefits Management.Please contact the vendor(s) directly for any questions regarding products or services offered.