



An Independent Licensee of the Blue Cross Blue Shield Association

2020 BCBSAZ Medicare Advantage Prior Authorization Requirements Code List

EFFECTIVE 10/01/2020

Introduction

This list includes the specific procedure/item/drug codes that require prior authorization for coverage under **medical benefits** for Blue Cross® Blue Shield® of Arizona (BCBSAZ) Medicare Advantage (MA) plans that are administered by BCBSAZ. It also indicates which codes are managed by eviCore.

For medications covered under the Part D **prescription drug benefit**, refer to the Part D drug formulary (available on the secure provider portal at azbluemedicare.com/login).

See table below for details about which benefit plans use this MA prior authorization code list and how to request prior authorization (the BCBSAZ prior authorization fax form is available on the secure provider portal at azbluemedicare.com/login):

BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTHORIZATION REQUESTS
Blue Medicare Advantage Classic and Plus HMO Plans	M2K	Maricopa County and parts of Pinal County	BCBSAZ FAX: 602-544-5652 (standard) 602-544-5651 (expedited) 602-544-5653 (inpatient notification) Post-acute care, behavioral health, and concurrent review: 602-544-5654 602-544-5622 (Part B medications) 858-790-7100 (Part D Rx drugs) PHONE: 1-800-446-8331 After-hours: 1-888-905-1172 eviCore Use online request tool at eviCore.com
BluePathway SM HMO Plans 2 and 3	M2V	Maricopa County	
BlueJourney PPO Plans	M3P	Maricopa and Pima counties	

Unscheduled inpatient admissions require notification within 24 hours or by the next business day.

To notify us of an inpatient admission or make prior authorization requests, complete the fax form available on the secure provider portal at azbluemedicare.com/providers and fax it with your supporting documentation to the numbers listed above. You can also call 1-800-446-8331.

The Blue Advantage and BluePathway HMO plans for members in Pima and Santa Cruz counties are administered by P3 Health Partners. Check the 2020 P3 code list for prior authorization requirements for those members. You can find it on the P3 website and on the BCBSAZ Medicare Advantage secure provider portal:

[P3 Website](#)

azbluemedicare.com/login

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Code	Code Description	Code Category	Prior Auth Administrator: BCBSAZ or a/cCore
15820	BLEPHAROPLASTY, LOWER EYELID	Surgery	BCBSAZ
15821	BLEPHAROPLASTY, LOWER EYELID; W/EXTENSIVE HERNIATED FAT PAD	Surgery	BCBSAZ
15822	BLEPHAROPLASTY, UPPER EYELID	Surgery	BCBSAZ
15823	BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIVE SKIN WEIGHTING DOWN LID	Surgery	BCBSAZ
15830	EXCISION EXCESS SKIN/SUBCUTANEOUS TISSUE ABDOMEN INFRAUMBILICAL PANNICULECTOMY	Surgery	BCBSAZ
15847	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE ABDOMEN	Surgery	BCBSAZ
15877	SUCTION-ASSISTED LIPECTOMY; TRUNK	Surgery	BCBSAZ
19316	MASTOPEXY	Surgery	BCBSAZ
19318	REDUCTION MAMMOPLASTY	Surgery	BCBSAZ
19324	MAMMAPLASTY, AUGMENTATION; W/O PROSTHETIC IMPLANT	Surgery	BCBSAZ
19325	MAMMAPLASTY, AUGMENTATION; W/ PROSTHETIC IMPLANT	Surgery	BCBSAZ
19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery	BCBSAZ
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	Surgery	BCBSAZ
20912	CARTILAGE GRAFT; NASAL SEPTUM	Surgery	BCBSAZ
21085	IMPRESSION AND CUSTOM PREP; ORAL SURGICAL SPLINT	Surgery	BCBSAZ
21210	GRAFT, BONE; NASAL/ MAXILLARY/ MALAR AREAS	Surgery	BCBSAZ
26340	MANIPULATION, FINGER JOINT, UNDER ANESTH; EA JOINT	Surgery	BCBSAZ
26341	MANIPULATION, PALMAR FASCIAL CORD POST ENZYME INJECTION, SINGLE CORD	Surgery	BCBSAZ
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT, EA	Surgery	BCBSAZ
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; W/PROSTHETIC IMPLANT, EA	Surgery	BCBSAZ
27437	ARTHROPLASTY PATELLA W/O PROSTES ***	Surgery	BCBSAZ
27570	MANIPULATION KNEE JOINT UNDER GEN ANESTH	Surgery	BCBSAZ
27700	ARTHROPLASTY, ANKLE	Surgery	BCBSAZ
27702	ARTHROPLASTY, ANKLE-WITH IMPLANT	Surgery	BCBSAZ
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	Surgery	BCBSAZ
27860	MANIPULATION ANKLE UNDER GEN ANESTHESIA	Surgery	BCBSAZ
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	Surgery	BCBSAZ
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	Surgery	BCBSAZ
30120	EXC/SURGCL PLNGN SKIN NOSE FOR	Surgery	BCBSAZ
30220	INSERTION, NASAL SEPTAL PROSTHESIS	Surgery	BCBSAZ
30400	RHINOPLASTY, PRIMARY; LATERAL/ALAR CARTILAGES	Surgery	BCBSAZ
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS	Surgery	BCBSAZ
30420	RHINOPLASTY, PRIMARY; INCL MAJOR SEPTAL REPAIR	Surgery	BCBSAZ
30430	RHINOPLASTY SEC; MINOR REVISION	Surgery	BCBSAZ
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION	Surgery	BCBSAZ
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION	Surgery	BCBSAZ
30460	RHINOPLASTY W/COLUM LNTH TIP ONLY	Surgery	BCBSAZ
30462	RHINOPLASTY W/COLUM LNTH TIP SEPTUM OSTEO	Surgery	BCBSAZ
30465	REPAIR OF NASAL VESTIBULAR STENOSIS	Surgery	BCBSAZ
30520	SEPTOPLASTY/SUBMUCOUS RESECTION, W OR W/O GRAFT	Surgery	BCBSAZ
32851	LUNG TRANSPLANT, SINGLE	Surgery	BCBSAZ
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL)	Surgery	BCBSAZ
32854	LUNG TRANSPLANT, W/BYPASS (BILATERAL)	Surgery	BCBSAZ
33340	PERQ TRANSCATH CLOSURE OF LEFT ATRIAL APPENDAGE W/ENDOCARDI IMPLANT, W/RAD SUPV	Surgery	BCBSAZ
33945	HEART TRANSPLANT W/WO RECIPIENT	Surgery	BCBSAZ
36473	ENDOVENOUS ABLATION TX INCOMP VEIN, EXT, INCL IMAG, GUID & MON, PERQ, 1ST VEIN	Surgery	BCBSAZ
36474	ENDOVENOUS ABLATION TX INCOMP VEIN, EXT, INCL IMAG, GUID & MON, PERQ, SUBSEQ VEIN	Surgery	BCBSAZ
36475	ENDOVENOUS ABLATION INCOMP VEIN, EXTREMITY INCL IMAGING/MONITORING 1ST VEIN	Surgery	BCBSAZ
36476	ENDOVENOUS ABLATION INCOMP VEIN, EXTREMITY, INCL IMAG/ MONITOR PERQ; SUBSEQ VEIN	Surgery	BCBSAZ
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY; FIRST VEIN	Surgery	BCBSAZ
36479	ENDOVENOUS ABLATION INCOMP VEIN, PER EXTREM INCL IMAG, PERQ, LASER; SUBSEQ VEIN(S)	Surgery	BCBSAZ
36482	ENDOVENOUS ABLATION TX INCOMP VEIN, EXTREM TRANSCATH DELIV OF CHEM ADHES; 1ST VEIN	Surgery	BCBSAZ
36483	ENDOVENOUS ABLATION TX INCOMP VEIN EXTREM TRANSCATH DELIV OF CHEM ADHES; ADDTL VEIN	Surgery	BCBSAZ
37722	LIGATION DIVISION & STRIPPING LONG SAPHENOFEMORAL VEIN JUNCTION TO KNEE OR BELOW	Surgery	BCBSAZ
37765	STAB PHLEBOTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 INCISIONS	Surgery	BCBSAZ
37766	STAB PHLEBOTOMY OF VARICOSE VEINS, ONE EXTREMITY; > 20 INCISIONS	Surgery	BCBSAZ
37785	LIGATION/DIVISION/EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery	BCBSAZ
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	Surgery	BCBSAZ
42145	PALATOPHARYNGOPLASTY	Surgery	BCBSAZ
43644	LAPAROSCOPY, SURG, GASTRIC RESTRICTIVE PROC; W GASTRIC BYPASS & ROUX-EN-Y	Surgery	BCBSAZ
43645	LAP GASTRIC BYPASS W/SI RECONSTRUCT TO LIMIT ABSORPTION MISSING 43647..	Surgery	BCBSAZ
43770	LAPAROSCOPY, SURG GASTRIC RESTRICTIVE PROC; PLXMNT ADJUSTBL RESTRICTIVE DEVICE	Surgery	BCBSAZ
43771	LAPAROSCOPY GASTRIC RESTRICT REVISION ADJUSTBL GASTRIC RESTRICT DEVICE COMPONENT ONLY	Surgery	BCBSAZ
43772	LAPAROSCOPY GASTRIC RESTRICT REMOVAL ADJUSTBL GASTRIC RESTRICT DEVICE COMPONENT ONLY	Surgery	BCBSAZ
43773	REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Surgery	BCBSAZ
43774	REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUB-Q PORT COMPONENTS	Surgery	BCBSAZ
43775	LAPAROSCOPY, SURG, GASTRIC RESTRICTIVE PROC; LAPAROSCOPIC SLEEVE, GASTRECTOMY	Surgery	BCBSAZ
43845	GASTRIC RESTRICTIVE PROC TO LIMIT ABSORPTION	Surgery	BCBSAZ
43846	GASTRIC BYPASS W/ ROUX-EN-Y GASTROENTEROSTOMY	Surgery	BCBSAZ
43847	GASTRIC RESTRICTIVE PROC. SMALL BOWEL RESTRICTIVE TO LIMIT ABSORPTION	Surgery	BCBSAZ
43848	REVISION OPEN GASTRIC RESTRICT FOR OBESITY OTHER THAN ADJ GASTRIC RESTRICT DEVICE	Surgery	BCBSAZ
43886	GASTRIC RESTRICTIVE PROCEDURE OPEN REVISION OF SQ PORT COMPONENT ONLY	Surgery	BCBSAZ
43887	GASTRIC RESTRICTIVE PROCEDURE OPEN REMOVAL OF SQ PORT COMPONENT ONLY	Surgery	BCBSAZ
43888	GASTRIC RESTRICTIVE PROC OPEN REMOVAL & REPLACEMENT OF SQ PORT COMPONENT ONLY	Surgery	BCBSAZ
47135	LIVER TRANSPLANT W/WO RECIPIENT	Surgery	BCBSAZ
48554	TRANSPLANTALLOGRAFT PANCREAS	Surgery	BCBSAZ
50360	RENAL ALLOTRANSPLANT IMPLANT OF GRAFT W/O RECIPIENT NEPHRECTOMY	Surgery	BCBSAZ
50365	RENAL HOMOTRANSPLANTATION WITH RECIPIENT NEPHRECTOMY	Surgery	BCBSAZ
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	Surgery	BCBSAZ
54405	PLSTC OPER INSERT INFTBLE PNLE	Surgery	BCBSAZ

54406	REM MULTI-COMPON INFLAT PENILE PROST W/O REPLACMNT	Surgery	BCBSAZ
54660	INSERTION TESTICULAR PROSTHESI	Surgery	BCBSAZ
55970	INTERSEX SURGERY:MALE TO FEMALE	Surgery	BCBSAZ
55980	INTER SEX SURGERY:FEMALE TO MALE	Surgery	BCBSAZ
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Surgery	BCBSAZ
63003	LAMINECTOMY W/EXPLORATION SPINAL CORD; THORACIC	Surgery	BCBSAZ
63011	LAMINECTOMY W/EXPLORATION SPINAL CORD; SACRAL	Surgery	BCBSAZ
63016	LAMNCTMY DECMPRSN SPNL CRD/CAU	Surgery	BCBSAZ
63046	LAMINECTOMY, SINGLE VERT SEGMENT; THORACIC	Surgery	BCBSAZ
63055	TRANSPEDICULAR APPR FOR DECOMP	Surgery	BCBSAZ
63064	CSTVTRBRL DECOMPRSSN CORD OR N	Surgery	BCBSAZ
63066	COSTOVERTEBRAL APPROACH DECOMP	Surgery	BCBSAZ
63077	DISKECTOMY, ANT, W/ DECOMPRESSION SPINAL CORD; THORACIC, SINGLE INTERSPACE	Surgery	BCBSAZ
63078	DISKCTMY THRCIC EA ADDL INTSP	Surgery	BCBSAZ
63085	VERTEBRAL CORPECTOMY, PARTIAL/COMP, TRANSTHORACIC APPROACH;THORACIC,SING SEGMENT	Surgery	BCBSAZ
63086	VERTEBRAL CORPECTOMY, PARTIAL/COMP, TRANSTHORACIC APPROACH; THORACIC,EA ADDL SEG	Surgery	BCBSAZ
63087	VERTEBRAL CORPECTOMY, PART/COMP, COMB THORACOLUMBAR; LOW THORACIC/LUMBAR, SING	Surgery	BCBSAZ
63088	VERTEBRAL CORPECTOMY, PART/COMP, COMB THORACOLUMBAR; LOW THORACIC/LUMB, EA ADDL	Surgery	BCBSAZ
63090	VERTEBRAL CORPECTOMY, PARTIAL/COMP, LOW THORACIC/LUMBAR/SACRAL; SINGLE SEGMENT	Surgery	BCBSAZ
63091	VERTEBRAL CORPECTOMY, PARTIAL/COMP, LOW THORACIC/LUMBAR/SACRAL; EA ADDL SEGMENT	Surgery	BCBSAZ
63101	VERT CORPECT PAR/COM W/DECOMPRES THORACIC SING SEG	Surgery	BCBSAZ
63102	VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE; THORACIC, SINGLE SEGMENT	Surgery	BCBSAZ
63103	VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE; THORACIC/LUMBAR, EA ADDL SEGMENT	Surgery	BCBSAZ
63170	LAMINECTOMY MYELOTMY,CERVICAL T	Surgery	BCBSAZ
63180	LMNCTMY/SCTN DENATE LIGS.W-WO	Surgery	BCBSAZ
63190	LAMNCTMY RHIZTMY;MORE THAN 2 S	Surgery	BCBSAZ
63250	LAMINECTOMY FOR EXCISION AV MALFORMATION OF SPINAL CORD; CERVICAL	Surgery	BCBSAZ
63251	LAMNCTMY EXCIS/OCCLSN ARTRVNS	Surgery	BCBSAZ
63252	LAMINECTOMY FOR EXCISION AV MALFORMATION OF SPINAL CORD; THORACOLUMBAR	Surgery	BCBSAZ
63268	LAMINECTOMY EXCISION OF INTRAS	Surgery	BCBSAZ
63300	VERTEBRAL CORPECTOMY PART OR C	Surgery	BCBSAZ
63301	EXTRADURAL THORAC/TRANS APP	Surgery	BCBSAZ
63302	VERTEBRAL CORPECTOMY PART OR C	Surgery	BCBSAZ
63305	VERTEBRAL CORPECTOMY PART OR C	Surgery	BCBSAZ
63663	REVISION OF SPINAL ELECTRODE ARRAYS PERCUTANEOUSLY W/ REPLACEMENT IF PERFORMED	Surgery	BCBSAZ
63664	REVISION OF SPINAL ELECTRODE PLATES OR PADDLES BY LAMINOTOMY OR LAMINECTOMY	Surgery	BCBSAZ
63688	REVISE/ REMOVE IMPLANTED SPINAL NEUROSTIM PULSE GENERATOR/RECEIVER	Surgery	BCBSAZ
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE	Surgery	BCBSAZ
64561	PERQ IMPLANT OF NEURO ELECTRODE ARRAY; SACRAL NERVE INCL IMAGE GUIDANCE IF DONE	Surgery	BCBSAZ
64566	POSTERIOR TIBIAL NERUOSTIM, PERX NEEDLE ELECTRODE 1 TRXMNT, INCLUDE PROGRAMMING	Surgery	BCBSAZ
64568	INCISION FOR IMPLAN OF CRANIAL NERVE, NEUROSTIM ELECTRODE ARRAY/PULSE GENERATOR	Surgery	BCBSAZ
64581	INCIS IMPLANTATION NEUROSTIM ELECTRODES; SACRAL	Surgery	BCBSAZ
64590	INSERT/REPLACE PERIPHERAL/GASTRIC NEUROSTIMULATOR PULSE GENERATOR/RECEIVER	Surgery	BCBSAZ
64595	REVISION/REMOVAL OF PERIPHERAL/GASTRIC NEUROSTIMULATOR PULSE GENERATOR/RECEIVER	Surgery	BCBSAZ
64611	CHEMODENERVATION OF MUSCLE(S); INNERVATED BY FACIAL NERVE	Surgery	BCBSAZ
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	Surgery	BCBSAZ
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVES BILATERAL	Surgery	BCBSAZ
64616	UNILATERAL CHEMODENERVATION OF NECK MUSCLE(S)	Surgery	BCBSAZ
64617	UNILATERAL PERQ CHEMODENERVATION OF THE LARNX INCL EMG IF PERFOREMD	Surgery	BCBSAZ
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	Surgery	BCBSAZ
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	Surgery	BCBSAZ
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	Surgery	BCBSAZ
64640	DESTRUCTION BY NEUROLYTIC AGENT, OTHER PERIPH NERVE/BRANCH	Surgery	BCBSAZ
64642	CHEMODENERVATION OF AN EXTREMITY 1-4 MUSCLES OF ONE EXTREMITY	Surgery	BCBSAZ
64643	CHEMODENERVATION OF AN EXTREMITY 1-4 MUSCLES OF ONE EXTRMITY; EA ADDL EXTREMITY	Surgery	BCBSAZ
64644	CHEMODENERVATION OF AN EXTREMITY 5 OR MORE MUSCLES OF ONE EXTREMITY	Surgery	BCBSAZ
64646	CHEMODENERVATION OF TRUNK 1-5 TRUNK MUSCLES	Surgery	BCBSAZ
64647	CHEMODENERVATION OF TRUNK MUSCLES; FOR 6 OR MORE TRUNK MUSCLES	Surgery	BCBSAZ
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXI::AE	Surgery	BCBSAZ
64680	DESTRUCTION BY NEUROLYTIC AGENT; CELIAC PLEXUS	Surgery	BCBSAZ
64681	DESTRUCTION BY NEUROLYTIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	Surgery	BCBSAZ
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Surgery	BCBSAZ
67900	REPAIR OF BROW PTOSIS	Surgery	BCBSAZ
67901	REPAIR BLEPHAROPTOSIS FRONTALIS MUSCLE TECHNIQUE W SUTURE OR OTHER MATERIAL	Surgery	BCBSAZ
67902	REPAIR BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE W/FASCIAL SLING	Surgery	BCBSAZ
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION/ADVANCMT, INTERNAL APPRCH	Surgery	BCBSAZ
67904	REPAIR BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION, EXT APPROACH	Surgery	BCBSAZ
67906	SUPERIOR RECTUS TECH W/FASCIAL SLING	Surgery	BCBSAZ
67908	CONJUNCTIVO-TARSO-LEVATOR RESECTION	Surgery	BCBSAZ
67911	CORRECTION OF LID RETRACTION	Surgery	BCBSAZ
69714	TEMPORAL BONE IMPLANT W/O MASTOIDECTOMY	Surgery	BCBSAZ
69930	COCHLEAR DEVICE IMPLANATION W/ OR W/O MASTOIDECTOMY	Surgery	BCBSAZ
75571	CT ANGIO W/O CONTR MATRL INCLD IMAGE POSTPROCESS/QUANT EVAL OF CORONARY CALCIUM	Radiology	BCBSAZ
79300	RADIOPHARM TX BY INTERSTITIAL RADIOACTIVE COLLOID ADMIN	Nuclear Medicine/Therapeutic	BCBSAZ
79445	RADIOPHARM TX BY INTRA-ARTERIAL PARTICULATE ADMIN	Nuclear Medicine/Therapeutic	BCBSAZ
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROC	Nuclear Medicine/Therapeutic	BCBSAZ
90870	ELECTROCONVULSIVE THERAPY; SINGLE SEIZURE	Behavioral Health	BCBSAZ
93299	INTERROGATION DEVICE EVAL UP TO 90 DAY; IMPLT CARDIO MONITOR OR LOOP RECORDR SYS	Cardiovascular	BCBSAZ
93580	PERC TRANSCATH CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION W/IMPLANT	Cardiovascular	BCBSAZ
93581	PERC TRANSCATH CLOS OF CONGEN COMM W/ IMPLANT	Cardiovascular	BCBSAZ

95806	SLEEP STUDY, W/ AIRFLOW, UNATTENDED BY TECHNOLOGIST	Sleep Studies	BCBSAZ
95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF SLE	Sleep Studies	BCBSAZ
95808	POLYSOMNOGRAPHY, ANY AGE SLEEP STAG 1-3 ADDTL PARAMTRS, ATTND'D BY TECHNOLOGIST	Sleep Studies	BCBSAZ
95810	POLYSOMNOGRAPHY, > 6YRS SLEEP STAG > 4 ADDTL PARAMTRS, ATTND'D BY TECHNOLOGIST	Sleep Studies	BCBSAZ
95811	POLYSOMNOGRPHY > 6YRS SLEEP STAG > 4 PARAMTRS INTRO CPAP ATTND'D BY TECHNOLOGIST	Sleep Studies	BCBSAZ
99183	PHYSICIAN/OTHR QUAL HLTH CARE PROF ATTENDANCE/SUPERVISION OF HYPERBARIC OXY THX	Other Medicine Services and Procedures	BCBSAZ
0537T	CAR-T CELL THERAPY; HARVEST TO DEV GENETICALLY MOD AUTOLOG CAR-T CELLS, PER DAY	T-Cell Therapy	BCBSAZ
0538T	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) TX; PREP BLOOD-DERIVED T LYMPHOCYTES	T-Cell Therapy	BCBSAZ
B4102	ENTERAL FORMULA ADULT FLUIDS AND ELECTROLYTES 500ML =1 UNIT	Enteral /Parenteral	BCBSAZ
B4103	ENTERAL FORMULA PEDIATRIC FLUID AND ELECTROLYTE 500ML =1 UNIT	Enteral /Parenteral	BCBSAZ
B4104	ADDITIVE FOR ENTERAL FORMULA	Enteral /Parenteral	BCBSAZ
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Enteral /Parenteral	BCBSAZ
B4152	ENTERAL FORMULA, COMPLETE, ADMIN THROUGH ENTERAL TUBE; 100 CAL = 1 UNIT	Enteral /Parenteral	BCBSAZ
B4153	ENTERAL FORMULA, COMP, HYDROLYZED PROTEINS, ADMIN ENTERAL TUBE; 100 CAL = 1 UNIT	Enteral /Parenteral	BCBSAZ
B4154	ENTERAL FORMULA, COMP, SPECIAL METABOLIC, ADMIN ENTERAL TUBE; 100 CAL=1 UNIT	Enteral /Parenteral	BCBSAZ
B4155	ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS 100 CAL = 1 UNIT	Enteral /Parenteral	BCBSAZ
B4157	ENTERAL FOR METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM 100 CAL = 1 UNIT	Enteral /Parenteral	BCBSAZ
B4185	PARENTERAL NUTRITION SOLUTION, NOS, 10 GRAMS LIPIDS	Enteral /Parenteral	BCBSAZ
B4189	PARENTERAL NUTRITION SOLUTION; COM	Enteral /Parenteral	BCBSAZ
B4193	PARENTERAL NUTRITION SOLUTION; COM	Enteral /Parenteral	BCBSAZ
B4197	PARENTERAL NUTRITION SOLUTION; COM	Enteral /Parenteral	BCBSAZ
B4199	PARENTERAL NUTRITION SOLUTION; COM	Enteral /Parenteral	BCBSAZ
B4216	PARENTERAL NUTRITION; ADDITIVES (V	Enteral /Parenteral	BCBSAZ
C1721	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANT)	Outpatient PPS	BCBSAZ
C1722	CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER (IMPLANT)	Outpatient PPS	BCBSAZ
C1767	GENERATOR NEUROSTIMULATOR IMPLANTABLE NON-RECHARGEABLE	Outpatient PPS	BCBSAZ
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, W/SLING GRAFT	Outpatient PPS	BCBSAZ
C1789	PROSTHESIS BREAST (IMPLANTABLE)	Outpatient PPS	BCBSAZ
C1813	PROSTHESIS PENILE INFLATABLE	Outpatient PPS	BCBSAZ
C1815	PROSTHESIS URINARY SPHINCTER (IMPLANTABLE)	Outpatient PPS	BCBSAZ
C1817	SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC	Outpatient PPS	BCBSAZ
C1820	GENERATOR NEUROSTIMULATOR IMPLANTABLE W RECHARGEABLE BATTERY & CHARGING SYSTEM	Outpatient PPS	BCBSAZ
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	Outpatient PPS	BCBSAZ
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQ, W/RECHARG BATT/CHARG SYS	Outpatient PPS	BCBSAZ
C1882	CARDIOVERTER-DEFIBRILLATOR NOT ONE OR 2 CHAMBER (IMPLANT)	Outpatient PPS	BCBSAZ
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	Outpatient PPS	BCBSAZ
C1895	LEAD CARDIOVERTER-DEFIB EDNOCARD 2 COIL (IMPLANT)	Outpatient PPS	BCBSAZ
C1896	LEAD CARDIOVERTER-DEFIB NOT EDNOCARD 1-2 COIL (IMPLANT)	Outpatient PPS	BCBSAZ
C1897	LEAD NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Outpatient PPS	BCBSAZ
C1898	LEAD PACEMAKER NOT TRANSVENOUS VDD SINGLE PASS	Outpatient PPS	BCBSAZ
C9026 (termed 1/1/16); Use J3380	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), HAEGARDA, 10 UNITS	Outpatient PPS	BCBSAZ
C9026 (termed 1/1/16); Use J3380	INJECTION, VEDOLIZUMAB, 1 MG	Outpatient PPS	BCBSAZ
C9036 (termed 10/1/19); Use J0222	INJECTION, PATISIRAN, 0.1 MG	Outpatient PPS	BCBSAZ
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG (CABLIVI)	Outpatient PPS	BCBSAZ
C9052 (termed 10/1/19); Use J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG (CODE DELETED EFFECTIVE 9/30/19) (ULTOMIRIS)	Outpatient PPS	BCBSAZ
C9053 (termed 7/1/20); Use J0791	INJECTION, CRIZANLIZUMAB-TMCA, 1 MG	Outpatient PPS	BCBSAZ
C9055	INJECTION, BREXANOLONE, 1MG	Outpatient PPS	BCBSAZ
C9056 (termed 7/1/20); Use J0223	C9056: INJECTION, GIVOSIRAN, 0.5 MG	Outpatient PPS	BCBSAZ
C9136 (termed 4/1/15); Use J7205	INJECTION, FACTOR VIII, FC FUSION PROTEIN, (RECOMBINANT), PER I.U.	Outpatient PPS	BCBSAZ
C9478 (termed 1/1/17); Use J2840	INJECTION, SEBELIPASE ALFA, 1 MG	Outpatient PPS	BCBSAZ
C9481 (termed 1/1/17); Use J2786	INJECTION, RESLIZUMAB, 1 MG	Outpatient PPS	BCBSAZ
C9489 (termed 1/1/18); Use J2326	INJECTION, NUSINERSEN, 0.1. MG	Outpatient PPS	BCBSAZ
C9494 (termed 1/1/18); Use J2350	INJECTION, OCRELIZUMAB, 1 MG	Outpatient PPS	BCBSAZ
E0260	HOSPITAL BED, SEMI-ELECTRIC; W/MATTRESS	DME	BCBSAZ
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD)	DME	BCBSAZ
E0265	HOSPITAL BED, TOTAL ELECTRIC; W/MATTRESS	DME	BCBSAZ
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	DME	BCBSAZ
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD)	DME	BCBSAZ
E0303	HOSP BED, HEAVY DUTY, EXTRA WIDE, W/WGHT CAPACITY >350 LBS, <=600 LBS,W/MATTRESS	DME	BCBSAZ
E0304	HOSP BED, EXTRA HEAVY DUTY/EXTRA WIDE, W/MATTRESS	DME	BCBSAZ
E0465	HOME VENTILATOR, ANY TYPE, USED W/INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	DME	BCBSAZ
E0466	HOME VENTILATOR, ANY TYPE, USED W/NON-INVASIVE INTERFACE, (EG, MASK,CHEST SHELL)	DME	BCBSAZ
E0470	RESP ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE	DME	BCBSAZ
E0471	RESP ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/BACKUP RATE FEATURE	DME	BCBSAZ
E0472	RAD BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE	DME	BCBSAZ
E0486	ORAL DEVICE/APPLIANCE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT	DME	BCBSAZ
E0630	PATIENT LIFT; HYDRAULIC, W/SEAT OR SLING	DME	BCBSAZ
E0635	PATIENT LIFT; ELECTRIC, W/SEAT OR SLING	DME	BCBSAZ
E0637	COMB SIT TO STAND SYSTEM, W/SEAT LIFT FEATURE, W OR W/O WHEELS	DME	BCBSAZ
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	DME	BCBSAZ
E0747	OSTEOGENESIS STIMULATOR; ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL	DME	BCBSAZ
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	DME	BCBSAZ
E0766	ELECTRICAL STIM DEVICE USED FOR CANCER TRXMNT, INCL ALL ACCESSORIES, ANY TYPE	DME	BCBSAZ

E0770	FUNCTIONAL ELECTRIC STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE, NOS	DME	BCBSAZ
E0784	EXT AMBULATORY INFUSION PUMP, INSULIN	DME	BCBSAZ
E0835	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR KNEE ONLY	DME	BCBSAZ
E0883	MANUAL WC POWER ADD-ON CONVERT TO MOTOR WC JOYSTICK	DME	BCBSAZ
E0986	MANUAL WC PUSH ACTIVATED POWER ASSISTED EA	DME	BCBSAZ
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	DME	BCBSAZ
E1007	WC POWER SEAT SYS COMBO TILT/RECLIN W SHEAR	DME	BCBSAZ
E1010	WHEELCHAIR ACCESSORY, POWER LEG ELEVATION SYSTEM, PAIR	DME	BCBSAZ
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEAT SYS, POWER ELEVAT LEG REST/PLATFRM	DME	BCBSAZ
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY REMOVABLE HARDWARE FOR JOYSTICK	DME	BCBSAZ
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	DME	BCBSAZ
E2300	POWER WC ACCESSORY POWER SEAT ELEVATION SYSTEM	DME	BCBSAZ
E2301	POWER WC ACCESSORY POWER STANDING SYSTEM	DME	BCBSAZ
E2310	POWER WC ACCESSORY, ELECT CONNCT BETW CHAIR CONTROLLER -1 POWER SEAT SYS MOTOR	DME	BCBSAZ
E2311	POWER WC ACCESS, ELECT CONNECT BETW CHAIR CONTROL & 2 OR > POWER SEAT SYS MOTORS	DME	BCBSAZ
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER,	DME	BCBSAZ
E2325	POWER WC SIP/PUFF NONPROP W ELECTR/MOUNTING HW	DME	BCBSAZ
E2326	POWER WC BREATH TUBE KIT FOR SIP/PUFF INTERFACE	DME	BCBSAZ
E2330	WC HEAD CONTROL PROXIMITY SWITCH	DME	BCBSAZ
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL)	DME	BCBSAZ
E2361	POWER WC ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EA	DME	BCBSAZ
E2363	POWER WC ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EA	DME	BCBSAZ
E2365	POWER WC ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EA	DME	BCBSAZ
E2366	POWER WC CHARGER SNGL MODE FOR USE W/ ONLY 1 BATTERY	DME	BCBSAZ
E2370	POWER WC MOTOR/GEAR BOX COMBO	DME	BCBSAZ
E2373	POWER WHEELCHAIR ACCESSORY HAND/CHIN CONTROL IN PREP/TRANSMISSION WRITTEN REPORT	DME	BCBSAZ
E2374	POWER WC ACCESSORY HAND/CHIN CONTROL INCL ELECTRONICS/HARDWARE REPLACEMENT	DME	BCBSAZ
E2377	POWER WC EXPANDABLE CONTROLLER INCL ELECTRONICS/HARDWARE UPGRADE INITIAL ISSUE	DME	BCBSAZ
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	DME	BCBSAZ
E2384	POWER WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ
E2386	POWER WC ACCESSORY FOAM FILLED DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ
E2392	POWER WC ACCESSORY SOLID CASTER TIRE W INTEGRATED WHEEL REPLACEMENT ONLY EACH	DME	BCBSAZ
E2394	POWER WC ACCESSORY DRIVE WHEEL EXCLUDES TIRE ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ
E2396	POWER WHEELCHAIR ACCESSORY CASTER FORK ANY SIZE REPLACEMENT ONLY EACH	DME	BCBSAZ
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	Nursing Services	BCBSAZ
G0299	DIRECT SKILLED NURSE SVC OF RN IN HOME HEALTH/HOSPICE SETTING, EA 15 MIN	Nursing Services	BCBSAZ
G0300	DIRECT SKILLED NURSE SVC OF LPN IN HOME HEALTH/HOSPICE SETTING, EA 15 MIN	Nursing Services	BCBSAZ
G0495	SKILLED SERV OF RN IN TRAIN/EDUC OF PAT/FAMILY MEMBER IN HH/HOSPICE, EA 15 MIN	Nursing Services	BCBSAZ
J0129	INJECTION ABATACEPT 10 MG	Injectable Medications and Chemo	BCBSAZ
J0135	INJ, ADALIMUMAB, 20 MG	Injectable Medications and Chemo	BCBSAZ
J0180	INJ AGALSIDASE BETA 1 MG	Injectable Medications and Chemo	BCBSAZ
J0202	INJECTION, ALEMTUZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Injectable Medications and Chemo	BCBSAZ
J0222	INJECTION, PATISIRAN, 0.1 MG	Injectable Medications and Chemo	BCBSAZ
J0256	INJ, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	Injectable Medications and Chemo	BCBSAZ
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	Injectable Medications and Chemo	BCBSAZ
J0490	INJECTION, BELIMUMAB, 10 MG	Injectable Medications and Chemo	BCBSAZ
J0517	INJECTION, BENRALIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	Injectable Medications and Chemo	BCBSAZ
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	Injectable Medications and Chemo	BCBSAZ
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Injectable Medications and Chemo	BCBSAZ
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS	Injectable Medications and Chemo	BCBSAZ
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Injectable Medications and Chemo	BCBSAZ
J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (NOT FOR USE WHEN DRUG IS SELF-ADMINISTERED)	Injectable Medications and Chemo	BCBSAZ
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUONEST, 10 UNITS	Injectable Medications and Chemo	BCBSAZ
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	Injectable Medications and Chemo	BCBSAZ
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	Injectable Medications and Chemo	BCBSAZ
J0606	INJECTION, ETELCALCETIDE, 0.1 MG	Injectable Medications and Chemo	BCBSAZ
J0638	INJECTION, CANAKINUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	Injectable Medications and Chemo	BCBSAZ
J0791	INJECTION, INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Injectable Medications and Chemo	BCBSAZ
J0800	INJECTION, CORTICOTROPIN, UP TO 40	Injectable Medications and Chemo	BCBSAZ
J1290	INJECTION, ECALLANTIDE, 1 MG	Injectable Medications and Chemo	BCBSAZ
J1300	INJECTION, ECULIZUMAB, 10 MG	Injectable Medications and Chemo	BCBSAZ
J1301	INJECTION, EDARAVONE, 1 MG	Injectable Medications and Chemo	BCBSAZ
J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	Injectable Medications and Chemo	BCBSAZ
J1322	INJECTION ELOSULFASE ALFA, 1MG	Injectable Medications and Chemo	BCBSAZ
J1324	ENFLUVIRITIDE INJECTION	Injectable Medications and Chemo	BCBSAZ
J1325	INJ, EPOPROSTENOL, 0.5 MG	Injectable Medications and Chemo	BCBSAZ
J1428	INJECTION, ETEPLIRSEN, 10 MG	Injectable Medications and Chemo	BCBSAZ
J1458	INJECTION GALSULFASE 1 MG	Injectable Medications and Chemo	BCBSAZ
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Injectable Medications and Chemo	BCBSAZ
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Injectable Medications and Chemo	BCBSAZ
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Injectable Medications and Chemo	BCBSAZ
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	Injectable Medications and Chemo	BCBSAZ
J1557	INJ IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED, (EG, LIQ), 500 MG	Injectable Medications and Chemo	BCBSAZ
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Injectable Medications and Chemo	BCBSAZ
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC (1 UNIT= 10CC) (GAMASTAN)	Injectable Medications and Chemo	BCBSAZ
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Injectable Medications and Chemo	BCBSAZ

J1562	INJECTION IMMUNE GLOBULIN SUBCUTANEOUS 100 MG	Injectable Medications and Chemo	BCBSAZ
J1566	INJECTION IMMUNE GLOBULIN INTRAVENOUS LYOPHILIZED (E.G. POWDER) 500 MG	Injectable Medications and Chemo	BCBSAZ
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Injectable Medications and Chemo	BCBSAZ
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED,	Injectable Medications and Chemo	BCBSAZ
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G.	Injectable Medications and Chemo	BCBSAZ
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Injectable Medications and Chemo	BCBSAZ
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Injectable Medications and Chemo	BCBSAZ
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, NOS 500 MG	Injectable Medications and Chemo	BCBSAZ
J1602	INJECTON GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Injectable Medications and Chemo	BCBSAZ
J1640	INJECTION HEMIN 1 MG	Injectable Medications and Chemo	BCBSAZ
J1743	INJECTION, IDURSULFASE, 1 MG	Injectable Medications and Chemo	BCBSAZ
J1744	INJECTION, ICATIBANT, 1 MG	Injectable Medications and Chemo	BCBSAZ
J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Injectable Medications and Chemo	BCBSAZ
J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG (TROGARZO)	Injectable Medications and Chemo	BCBSAZ
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	Injectable Medications and Chemo	BCBSAZ
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	Injectable Medications and Chemo	BCBSAZ
J1830	INJECTION INTERFERON BETA-1B PER 0.25MG	Injectable Medications and Chemo	BCBSAZ
J1931	INJ LARONIDASE 0.1 MG	Injectable Medications and Chemo	BCBSAZ
J2170	INJECTION MECASERMIN 1 MG	Injectable Medications and Chemo	BCBSAZ
J2182	INJECTION, MEPOLIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	Injectable Medications and Chemo	BCBSAZ
J2323	INJECTION, NATALIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2326	INJECTION, NUSINERSEN, 0.1 MG	Injectable Medications and Chemo	BCBSAZ
J2350	INJECTION, OCRELIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2355	INJ, OPRELVEKIN, 5 MG	Injectable Medications and Chemo	BCBSAZ
J2357	INJ OMALIZUMAB 5 MG	Injectable Medications and Chemo	BCBSAZ
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Injectable Medications and Chemo	BCBSAZ
J2507	INJECTION, PEGLOTICASE, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2562	INJECTION, PLERIXAFOR, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2786	INJECTION, RESLIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	Injectable Medications and Chemo	BCBSAZ
J2840	INJECTION, SEBELIPASE ALFA, 1 MG (KANUMA)	Injectable Medications and Chemo	BCBSAZ
J3031	INJECTION, FREMANEZUMAB-VFRM, 1 MG (NOT FOR USE WHEN DRUG IS SELF-ADMIN)	Injectable Medications and Chemo	BCBSAZ
J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS	Injectable Medications and Chemo	BCBSAZ
J3110	INJ, TERIPARATIDE, 10 MCG	Injectable Medications and Chemo	BCBSAZ
J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	Injectable Medications and Chemo	BCBSAZ
J3240	INJEC HYTROPIN ALPHA 0.9 MG PROVID 1.1 MG VIAL	Injectable Medications and Chemo	BCBSAZ
J3245	INJECTION, TILDRAKIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J3285	INJECTION TREPROSTINIL 1 MG	Injectable Medications and Chemo	BCBSAZ
J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG (TRIPTODUR)	Injectable Medications and Chemo	BCBSAZ
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Injectable Medications and Chemo	BCBSAZ
J3358	USTEKINUMAB, FOR IV INJECTION, 1 MG	Injectable Medications and Chemo	BCBSAZ
J3380	INJECTION, VEDOLIZUMAB, 1 MG	Injectable Medications and Chemo	BCBSAZ
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	Injectable Medications and Chemo	BCBSAZ
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG (MEPSEVII)	Injectable Medications and Chemo	BCBSAZ
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES (LUXTURNA)	Injectable Medications and Chemo	BCBSAZ
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Injectable Medications and Chemo	BCBSAZ
J7175	INJECTION, FACTOR X, (HUMAN), 1 IU (COAGADEX)	Injectable Medications and Chemo	BCBSAZ
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG (PRICE IS PER 1MG. PRODUCT CONTAINS APPROXIMATELY 1 GRAM (900-1300MG)) (FIBRYGA)	Injectable Medications and Chemo	BCBSAZ
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG (CODE PRICE IS PER 1 MG - RIASTAP CONTAINS 900-1300 MG) (RIASTAP)	Injectable Medications and Chemo	BCBSAZ
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWR:RCO	Injectable Medications and Chemo	BCBSAZ
J7180	INJECTION, FACTOR XIII (ANTHEMOPHILIC FACTOR, HUMAN), 1 IU (CORIFACT)	Injectable Medications and Chemo	BCBSAZ
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU (TRETEN)	Injectable Medications and Chemo	BCBSAZ
J7182	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	Injectable Medications and Chemo	BCBSAZ
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	Injectable Medications and Chemo	BCBSAZ
J7185	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	Injectable Medications and Chemo	BCBSAZ
J7186	INJECTION, ANTHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN)	Injectable Medications and Chemo	BCBSAZ
J7187	INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IU VWF:RCO	Injectable Medications and Chemo	BCBSAZ
J7188	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER IU	Injectable Medications and Chemo	BCBSAZ
J7189	FACTOR VIIA (ANTHEMOPHILIC FACTOR RECOMBINANT) PER 1 MICROGRAM	Injectable Medications and Chemo	BCBSAZ
J7190	FACTOR VIII, HUMAN, PER IU	Injectable Medications and Chemo	BCBSAZ
J7192	FACTOR VIII, RECOMBINANT, PER IU	Injectable Medications and Chemo	BCBSAZ
J7193	FACTOR IX NON-RECOMBINANT	Injectable Medications and Chemo	BCBSAZ
J7194	FACTOR IX COMPLEX, PER IU	Injectable Medications and Chemo	BCBSAZ
J7195	FACTOR IX, PER IU	Injectable Medications and Chemo	BCBSAZ
J7197	ANTI-THROMBIN III (HUMAN), PER I.U.	Injectable Medications and Chemo	BCBSAZ
J7198	ANTI-INHIBITOR PER IU	Injectable Medications and Chemo	BCBSAZ
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Injectable Medications and Chemo	BCBSAZ
J7200	INJECTION, FACTOR IX, (ANTHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	Injectable Medications and Chemo	BCBSAZ
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7203	INJECTION FACTOR IX, (ANTHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	Injectable Medications and Chemo	BCBSAZ
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	Injectable Medications and Chemo	BCBSAZ
J7207	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7208	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7209	INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NUWIO), 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7210	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7211	INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	Injectable Medications and Chemo	BCBSAZ
J7311	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG	Injectable Medications and Chemo	BCBSAZ
J7504	LYMPHOCYTE IMM GLOB ANTITHYMOCYTE GLOB PAR 250 MG	Injectable Medications and Chemo	BCBSAZ
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	Injectable Medications and Chemo	BCBSAZ
J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	Injectable Medications and Chemo	BCBSAZ
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	Injectable Medications and Chemo	BCBSAZ
K0011	STANDARD-WEIGHT FRAME MOTORIZED/POWER WC W/PROGRAMMABLE CONTROL PARAMETERS	DME	BCBSAZ
K0554	RECEIVER (MONITOR) DEDICATED USE W/THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYST	DME	BCBSAZ
K0606	AED GARMENT W/ ELEC ANALYSIS	DME	BCBSAZ
K0823	POWER WC GROUP 2 STANDARD CAPTAINS CHAIR PT WT CAPACITY 300 LBS	DME	BCBSAZ
K0825	POWER WC GROUP 2 HEAVY DUTY CAPTAINS CHAIR PT WT CAPACITY 301 TO 450 LBS	DME	BCBSAZ
K0835	POWER WC GROUP 2 SINGLE POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP<=300 LBS	DME	BCBSAZ

K0848	POWER WC GROUP 3 SLING/SOLID SEAT/BACK PT WT CAPACITY UP TO AND INCL 300 LBS	DME	BCBSAZ
K0849	POWER WC GROUP 3 STANDARD CAPTAINS CHAIR PT WT CAPACITY UP TO AND INCL 300 LBS	DME	BCBSAZ
K0856	POWER WC GROUP 3 SINGLE POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP <=300 LB	DME	BCBSAZ
K0860	POWER WC GROUP 3 VERY HD SINGLE POWER OPTION PT WT CAP 451-600 LB	DME	BCBSAZ
K0861	POWER WC GROUP 3 MULTI POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP<=300 LB	DME	BCBSAZ
K0884	POWER WC GROUP 4 MULTI POWER OPTION SLING/SOLID SEAT/BACK PT WT CAP<=300 LB	DME	BCBSAZ
K0899	POWER MOBILITY DEVICE NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	DME	BCBSAZ
K0903	DIABETICS ONLY MULT DENSITY INSERT, DIGITIZED FOOT SCAN, CAD MODEL, CUSTOM, EA	DME	BCBSAZ
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PT MODEL; UCB TYPE	Orthotics/Prosthetics	BCBSAZ
L8614	COCHLEAR DEVICE INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Orthotics/Prosthetics	BCBSAZ
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	Orthotics/Prosthetics	BCBSAZ
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EA	Orthotics/Prosthetics	BCBSAZ
L8681	PT PROGRAMMER EXTERNAL WITH IMPLANT PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	Orthotics/Prosthetics	BCBSAZ
L8686	IMPLANTABLE NEUROSTIM PULSE GENERATOR SINGLE ARRAY NON-RECHARGEABLE INCL EXTEN	Orthotics/Prosthetics	BCBSAZ
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY RECHARGE INC EXTENSION	Orthotics/Prosthetics	BCBSAZ
L8688	IMPLANTABLE NEUROSTIM PULSE GENERATOR DUAL ARRAY NON-RECHARGEABLE INCL EXTEN	Orthotics/Prosthetics	BCBSAZ
L8689	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR REPLACEMENT ONLY	Orthotics/Prosthetics	BCBSAZ
L8699	PROSTHETIC IMPLANT, NOS	Orthotics/Prosthetics	BCBSAZ
Q2040 (termed 1/1/19); Use Q2042	TISAGENLECLEUCEL, <250 M CAR-POS T CELLS, INCL LEUKAPHER/DOSE PREP, PER INFUS	Miscellaneous Drug	BCBSAZ
Q2041	AXICABTAGENE CILOLEUCEL, <=200 MIL AUTOLOGOUS ANTI-CD19 CAR T CELLS, PER INFUS	Miscellaneous Drug	BCBSAZ
Q2042	TISAGENLECLEUCEL, CAR-POS VIABLE T CELLS INCL LEUKAPHERESIS/ DOSE PREP, PER DOSE	Miscellaneous Drug	BCBSAZ
Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	Miscellaneous Drug	BCBSAZ
Q4074	ILOPROST, INHALATION SOLUTION FDA-APPROVED ADMIN THRU DME UNIT DOSE UP TO 20 MCG	Miscellaneous Drug	BCBSAZ
Q5102	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG - TERMED	Miscellaneous Drug	BCBSAZ
Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLCTRA), 10 MG	Miscellaneous Drug	BCBSAZ
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLXIS), 10 MG	Miscellaneous Drug	BCBSAZ
Q9975	INJECTION, FACTOR VIII, FC FUSION PROTEIN (RECOMBINANT), PER IU - TERMED	Miscellaneous Drug	BCBSAZ
Q9989	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Miscellaneous Drug	BCBSAZ
T1030	NURSING CARE IN THE HOME BY RN PER DIEM	Nursing Services	BCBSAZ
T1031	NURSING CARE IN HOME BY LPN PER DIEM	Nursing Services	BCBSAZ
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT), CONCURRENT WITH PARTIAL MASTECTOMY	Radiation Oncology	eviCore
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	eviCore
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	eviCore
19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	eviCore
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
20936	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)	MSK - Spine Surgery	eviCore
20937	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)	MSK - Spine Surgery	eviCore
20938	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)	MSK - Spine Surgery	eviCore
20974	ELECTRICAL STIMULATION TO AID BONE HEALING: NON INVASIVE (NONOPERATIVE)	MSK - Spine Surgery	eviCore
20975	ELECTRICAL STIMULATION TO AID BONE HEALING: INVASIVE (OPERATIVE)	MSK - Spine Surgery	eviCore
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; CERVICOTHORACIC	MSK - Spine Surgery	eviCore
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBOSACRAL	MSK - Spine Surgery	eviCore
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22513	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	MSK - Spine Surgery	eviCore
22514	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	MSK - Spine Surgery	eviCore
22515	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)	MSK - Spine Surgery	eviCore
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL	MSK - Interventional Pain Management	eviCore

22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; ONCE OR MORE ADDITIONAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	MSK - Spine Surgery	eviCore
22534	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)	MSK - Spine Surgery	eviCore
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	MSK - Spine Surgery	eviCore
22552	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 SEPARATE PROCEDURE)	MSK - Spine Surgery	eviCore
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	MSK - Spine Surgery	eviCore
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	MSK - Spine Surgery	eviCore
22585	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)	MSK - Spine Surgery	eviCore
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	MSK - Spine Surgery	eviCore
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	MSK - Spine Surgery	eviCore
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	MSK - Spine Surgery	eviCore
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	MSK - Spine Surgery	eviCore
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	MSK - Spine Surgery	eviCore
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22840	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)	MSK - Spine Surgery	eviCore
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22842	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)	MSK - Spine Surgery	eviCore
22843	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)	MSK - Spine Surgery	eviCore
22844	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)	MSK - Spine Surgery	eviCore
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22854	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)	MSK - Spine Surgery	eviCore
22856	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	MSK - Spine Surgery	eviCore
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	MSK - Spine Surgery	eviCore
22858	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)	MSK - Spine Surgery	eviCore
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	MSK - Spine Surgery	eviCore
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR	MSK - Spine Surgery	eviCore

22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	MSK - Spine Surgery	eviCore
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL	MSK - Spine Surgery	eviCore
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	MSK - Joint Sugery	eviCore
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	MSK - Joint Sugery	eviCore
23120	CLAVICULECTOMY, PARTIAL	MSK - Joint Sugery	eviCore
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	MSK - Joint Sugery	eviCore
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	MSK - Joint Sugery	eviCore
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN;CHRONIC	MSK - Joint Sugery	eviCore
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	MSK - Joint Sugery	eviCore
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	MSK - Joint Sugery	eviCore
23430	TENODESIS OF LONG TENDON OF BICEPS	MSK - Joint Sugery	eviCore
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	MSK - Joint Sugery	eviCore
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	MSK - Joint Sugery	eviCore
23455	CAPSULORRHAPHY, ANTERIOR;WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	MSK - Joint Sugery	eviCore
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	MSK - Joint Sugery	eviCore
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE;WITH CORACOID PROCESS TRANSFER	MSK - Joint Sugery	eviCore
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	MSK - Joint Sugery	eviCore
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	MSK - Joint Sugery	eviCore
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	MSK - Joint Sugery	eviCore
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER [GLENOID AND PROXIMAL HUMERAL REPLACEMENT (E.G., TOTAL SHOULDER)]	MSK - Joint Sugery	eviCore
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	MSK - Joint Sugery	eviCore
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	MSK - Joint Sugery	eviCore
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	MSK - Interventional Pain Management	eviCore
27125	HEMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	MSK - Joint Sugery	eviCore
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	MSK - Joint Sugery	eviCore
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	MSK - Joint Sugery	eviCore
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	MSK - Joint Sugery	eviCore
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	MSK - Joint Sugery	eviCore
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	MSK - Joint Sugery	eviCore
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	MSK - Spine Surgery	eviCore
27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	MSK - Spine Surgery	eviCore
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	MSK - Joint Sugery	eviCore
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL	MSK - Joint Sugery	eviCore
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	MSK - Joint Sugery	eviCore
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE;ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	MSK - Joint Sugery	eviCore
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	MSK - Joint Sugery	eviCore
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	MSK - Joint Sugery	eviCore
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	MSK - Joint Sugery	eviCore
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S))	MSK - Joint Sugery	eviCore
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	MSK - Joint Sugery	eviCore
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	MSK - Joint Sugery	eviCore
27422	RECONSTRUCTION OF DISLOCATING PATELLA;WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE TYPE PROCEDURE)	MSK - Joint Sugery	eviCore
27424	RECONSTRUCTION OF DISLOCATING PATELLA;WITH PATELLECTOMY	MSK - Joint Sugery	eviCore
27425	LATERAL RETINACULAR RELEASE, OPEN	MSK - Joint Sugery	eviCore
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	MSK - Joint Sugery	eviCore
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE;INTRA-ARTICULAR (OPEN)	MSK - Joint Sugery	eviCore
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE;INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	MSK - Joint Sugery	eviCore
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	MSK - Joint Sugery	eviCore
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	MSK - Joint Sugery	eviCore
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU	MSK - Joint Sugery	eviCore
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	MSK - Joint Sugery	eviCore
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	MSK - Joint Sugery	eviCore
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	MSK - Joint Sugery	eviCore
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	MSK - Joint Sugery	eviCore
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	MSK - Joint Sugery	eviCore
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	MSK - Joint Sugery	eviCore
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	MSK - Joint Sugery	eviCore
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	MSK - Joint Sugery	eviCore

29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	MSK - Joint Sugery	eviCore
29807	ARTHROSCOPY, SHOULDER, SLAP REPAIR	MSK - Joint Sugery	eviCore
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	MSK - Joint Sugery	eviCore
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	MSK - Joint Sugery	eviCore
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	MSK - Joint Sugery	eviCore
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	MSK - Joint Sugery	eviCore
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	MSK - Joint Sugery	eviCore
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	MSK - Joint Sugery	eviCore
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OUR WITHOUT MANIPULATION	MSK - Joint Sugery	eviCore
29826	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)	MSK - Joint Sugery	eviCore
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	MSK - Joint Sugery	eviCore
29828	ARTHROSCOPY, SHOULDER, BICEPS TENODESIS	MSK - Joint Sugery	eviCore
29860	ARTHROSCOPY, HIP, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	MSK - Joint Sugery	eviCore
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	MSK - Joint Sugery	eviCore
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESECTION OF LABRUM	MSK - Joint Sugery	eviCore
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	MSK - Joint Sugery	eviCore
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT(S))	MSK - Joint Sugery	eviCore
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	MSK - Joint Sugery	eviCore
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION, MEDIAL OR LATERAL)	MSK - Joint Sugery	eviCore
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVAL BIOPSY (SEPARATE PROCEDURE)	MSK - Joint Sugery	eviCore
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	MSK - Joint Sugery	eviCore
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	MSK - Joint Sugery	eviCore
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	MSK - Joint Sugery	eviCore
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	MSK - Joint Sugery	eviCore
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	MSK - Joint Sugery	eviCore
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	MSK - Joint Sugery	eviCore
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	MSK - Joint Sugery	eviCore
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT (S) WHEN PERFORMED	MSK - Joint Sugery	eviCore
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT (S) WHEN PERFORMED	MSK - Joint Sugery	eviCore
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCAL REPAIR (MEDIAL OR LATERAL)	MSK - Joint Sugery	eviCore
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCAL REPAIR (MEDIAL AND LATERAL)	MSK - Joint Sugery	eviCore
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	MSK - Joint Sugery	eviCore
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)	MSK - Joint Sugery	eviCore
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	MSK - Joint Sugery	eviCore
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION	MSK - Joint Sugery	eviCore
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	MSK - Joint Sugery	eviCore
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	MSK - Joint Sugery	eviCore
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	MSK - Joint Sugery	eviCore
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	MSK - Joint Sugery	eviCore
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	MSK - Joint Sugery	eviCore
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	Radiation Oncology	eviCore
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC, SINGLE OR MULTIPLE	Radiation Oncology	eviCore
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION	Radiation Oncology	eviCore
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	eviCore
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	eviCore
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY	Radiation Oncology	eviCore
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	Radiation Oncology	eviCore
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION	Radiation Oncology	eviCore
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVIDS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	eviCore
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	eviCore
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	eviCore
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	eviCore

61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	eviCore
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	eviCore
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	eviCore
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	eviCore
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (E.G., HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (E.G., CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 2 OR MORE DAYS	MSK - Interventional Pain Management	eviCore
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (E.G., HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (E.G., CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 1 DAY	MSK - Interventional Pain Management	eviCore
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; SUBARACHNOID	MSK - Interventional Pain Management	eviCore
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC	MSK - Interventional Pain Management	eviCore
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)	MSK - Interventional Pain Management	eviCore
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH DISCOGRAPHY AND/OR EPIDURAL INJECTION(S) AT THE TREATED LEVEL(S), WHEN PERFORMED, SINGLE OR MULTIPLE LEVELS, LUMBAR	MSK - Interventional Pain Management	eviCore
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE, OR MULTIPLE LEVELS, LUMBAR	MSK - Interventional Pain Management	eviCore
62320	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	MSK - Interventional Pain Management	eviCore
62321	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)	MSK - Interventional Pain Management	eviCore
62322	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	MSK - Interventional Pain Management	eviCore
62323	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)	MSK - Interventional Pain Management	eviCore
62324	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; WITHOUT IMAGING GUIDANCE	MSK - Interventional Pain Management	eviCore
62325	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)	MSK - Interventional Pain Management	eviCore
62326	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); WITHOUT IMAGING GUIDANCE	MSK - Interventional Pain Management	eviCore
62327	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)	MSK - Interventional Pain Management	eviCore
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITHOUT LAMINECTOMY	MSK - Interventional Pain Management	eviCore
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITH LAMINECTOMY	MSK - Interventional Pain Management	eviCore
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	MSK - Interventional Pain Management	eviCore
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR; NONPROGRAMMABLE PUMP	MSK - Interventional Pain Management	eviCore
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	MSK - Interventional Pain Management	eviCore
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1 INTERSPACE, LUMBAR	MSK - Spine Surgery	eviCore
63001	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	MSK - Spine Surgery	eviCore
63005	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	MSK - Spine Surgery	eviCore
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE ROOTS FOR SPONDYLOLISTHESIS, LUMBAR (GILL TYPE PROCEDURE)	MSK - Spine Surgery	eviCore
63015	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	MSK - Spine Surgery	eviCore

63017	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	MSK - Spine Surgery	eviCore
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	MSK - Spine Surgery	eviCore
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	MSK - Spine Surgery	eviCore
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	MSK - Spine Surgery	eviCore
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; CERVICAL	MSK - Spine Surgery	eviCore
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR	MSK - Spine Surgery	eviCore
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL CERVICAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
63045	LAMINECTOMY, FACETECTOMY AND FORMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOTS) [EG, SPINAL OR LATERAL RECESS STENOSIS], SINGLE VERTEBRAL SEGMENT; CERVICAL	MSK - Spine Surgery	eviCore
63047	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	MSK - Spine Surgery	eviCore
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOTS) [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS	MSK - Spine Surgery	eviCore
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES (EG, WIRE, SUTURE, MINI-PLATES), WHEN PERFORMED)	MSK - Spine Surgery	eviCore
63056	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)	MSK - Spine Surgery	eviCore
63057	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)	MSK - Spine Surgery	eviCore
63075	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	MSK - Spine Surgery	eviCore
63076	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)	MSK - Spine Surgery	eviCore
63081	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)	MSK - Spine Surgery	eviCore
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Surgery	eviCore
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	MSK - Interventional Pain Management	eviCore
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	MSK - Interventional Pain Management	eviCore
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	MSK - Interventional Pain Management	eviCore
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	MSK - Interventional Pain Management	eviCore
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
64480	INJECTION, ANESTHETIC AGENT 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)	MSK - Interventional Pain Management	eviCore
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
64484	INJECTION, ANESTHETIC AGENT 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)	MSK - Interventional Pain Management	eviCore
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore

64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	MSK - Interventional Pain Management	eviCore
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	MSK - Interventional Pain Management	eviCore
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	MSK - Interventional Pain Management	eviCore
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	MSK - Interventional Pain Management	eviCore
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, MULTIPLE FACET JOINT	MSK - Interventional Pain Management	eviCore
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	MSK - Interventional Pain Management	eviCore
64636	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)	MSK - Interventional Pain Management	eviCore
70336	M R I T M J	Radiology	eviCore
70450	C T HEAD WITHOUT CONTRAST	Radiology	eviCore
70460	C T HEAD WITH CONTRAST	Radiology	eviCore
70470	C T HEAD WITHOUT & WITH CONTRAST	Radiology	eviCore
70480	C T ORBIT WITHOUT CONTRAST	Radiology	eviCore
70481	C T ORBIT WITH CONTRAST	Radiology	eviCore
70482	C T ORBIT WITHOUT & WITH CONTRAST	Radiology	eviCore
70486	C T MAXILL OFACIAL WITHOUT CONTRAST	Radiology	eviCore
70487	C T MAXILL OFACIAL WITH CONTRAST	Radiology	eviCore
70488	C T MAXILL OFACIAL WITHOUT & WITH CONTRAST	Radiology	eviCore
70490	C T SOFT TISSUE NECK WITHOUT CONTRAST	Radiology	eviCore
70491	C T SOFT TISSUE NECK WITH CONTRAST	Radiology	eviCore
70492	C T SOFT TISSUE NECK WITHOUT & WITH CONTRAST	Radiology	eviCore
70496	C T ANGIOGRAPHY HEAD	Radiology	eviCore
70498	C T ANGIOGRAPHY NECK	Radiology	eviCore
70540	M R I ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	Radiology	eviCore
70542	M R I FACE, ORBIT, AND/OR NECK WITH CONTRAST	Radiology	eviCore
70543	M R I FACE, ORBIT, AND/OR NECK WITH & WITHOUT CONTRAST	Radiology	eviCore
70544	M R A HEAD WITHOUT CONTRAST	Radiology	eviCore
70545	M R A HEAD WITH CONTRAST	Radiology	eviCore
70546	M R A HEAD WITH & WITHOUT CONTRAST	Radiology	eviCore
70547	M R A NECK WITHOUT CONTRAST	Radiology	eviCore
70548	M R A NECK WITH CONTRAST	Radiology	eviCore
70549	M R A NECK WITH & WITHOUT CONTRAST	Radiology	eviCore
70551	M R I HEAD WITHOUT CONTRAST	Radiology	eviCore
70552	M R I HEAD WITH CONTRAST	Radiology	eviCore
70553	M R I HEAD WITH & WITHOUT CONTRAST	Radiology	eviCore
70554	MRI BRAIN, FUNCTIONAL MRI	Radiology	eviCore
70555	MRI BRAIN, FUNCTIONAL MRI, REQUIRING PHYSICIAN	Radiology	eviCore
71250	C T THORAX WITHOUT CONTRAST	Radiology	eviCore
71260	C T THORAX WITH CONTRAST	Radiology	eviCore
71270	C T THORAX WITHOUT & WITH CONTRAST	Radiology	eviCore
71275	C T ANGIOGRAPHY CHEST WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SECTIONS, INCLUDING IMAGE POSTPROCESSING	Radiology	eviCore
71550	M R I CHEST WITHOUT CONTRAST	Radiology	eviCore
71551	M R I CHEST WITH CONTRAST	Radiology	eviCore
71552	M R I CHEST WITH & WITHOUT CONTRAST	Radiology	eviCore
71555	M R A CHEST (EXCLUDING MYOCARDIUM) WITH OR WITHOUT CONTRAST	Radiology	eviCore
72125	C T CERVICAL SPINE WITHOUT CONTRAST	Radiology	eviCore
72126	C T CERVICAL SPINE WITH CONTRAST	Radiology	eviCore
72127	C T CERVICAL SPINE WITHOUT & WITH CONTRAST	Radiology	eviCore
72128	C T THORACIC SPINE WITHOUT CONTRAST	Radiology	eviCore
72129	C T THORACIC SPINE WITH CONTRAST	Radiology	eviCore
72130	C T THORACIC SPINE WITHOUT & WITH CONTRAST	Radiology	eviCore
72131	C T LUMBAR SPINE WITHOUT CONTRAST	Radiology	eviCore
72132	C T LUMBAR SPINE WITH CONTRAST	Radiology	eviCore
72133	C T LUMBAR SPINE WITHOUT & WITH CONTRAST	Radiology	eviCore
72141	M R I CERVICAL SPINE WITHOUT CONTRAST	Radiology	eviCore
72142	M R I CERVICAL SPINE WITH CONTRAST	Radiology	eviCore
72146	M R I THORACIC SPINE WITHOUT CONTRAST	Radiology	eviCore
72147	M R I THORACIC SPINE WITH CONTRAST	Radiology	eviCore
72148	M R I LUMBAR SPINE WITHOUT CONTRAST	Radiology	eviCore
72149	M R I LUMBAR SPINE WITH CONTRAST	Radiology	eviCore
72156	M R I CERVICAL SPINE WITH & WITHOUT CONTRAST	Radiology	eviCore
72157	M R I THORACIC SPINE WITH & WITHOUT CONTRAST	Radiology	eviCore
72158	M R I LUMBAR SPINE WITH & WITHOUT CONTRAST	Radiology	eviCore
72159	M R A SPINAL CANAL WITH OR WITHOUT CONTRAST	Radiology	eviCore
72191	C T ANGIOGRAPHY PELVIS	Radiology	eviCore
72192	C T PELVIS WITHOUT CONTRAST	Radiology	eviCore
72193	C T PELVIS WITH CONTRAST	Radiology	eviCore
72194	C T PELVIS WITHOUT & WITH CONTRAST	Radiology	eviCore
72195	M R I PELVIS WITHOUT CONTRAST	Radiology	eviCore
72196	M R I PELVIS WITH CONTRAST	Radiology	eviCore
72197	M R I PELVIS WITH & WITHOUT CONTRAST	Radiology	eviCore
72198	M R A PELVIS WITH OR WITHOUT CONTRAST	Radiology	eviCore
73200	C T UPPER EXTREMITY WITHOUT CONTRAST	Radiology	eviCore
73201	C T UPPER EXTREMITY WITH CONTRAST	Radiology	eviCore
73202	C T UPPER EXTREMITY WITHOUT & WITH CONTRAST	Radiology	eviCore
73206	C T ANGIOGRAPHY UPPER EXTREMITY	Radiology	eviCore
73218	M R I UPPER EXTREMITY WITHOUT CONTRAST	Radiology	eviCore
73219	M R I UPPER EXTREMITY WITH CONTRAST	Radiology	eviCore
73220	M R I UPPER EXTREMITY WITH & WITHOUT CONTRAST	Radiology	eviCore
73221	M R I UPPER EXTREMITY JOINT WITHOUT CONTRAST	Radiology	eviCore
73222	M R I UPPER EXTREMITY JOINT WITH CONTRAST	Radiology	eviCore
73223	M R I UPPER EXTREMITY JOINT WITH & WITHOUT CONTRAST	Radiology	eviCore
73225	M R A UPPER EXTREMITY WITH OR WITHOUT CONTRAST	Radiology	eviCore
73700	C T LOWER EXTREMITY WITHOUT CONTRAST	Radiology	eviCore
73701	C T LOWER EXTREMITY WITH CONTRAST	Radiology	eviCore
73702	C T LOWER EXTREMITY WITHOUT & WITH CONTRAST	Radiology	eviCore
73706	C T ANGIOGRAPHY LOWER EXTREMITY	Radiology	eviCore
73718	M R I LOWER EXTREMITY WITHOUT CONTRAST	Radiology	eviCore
73719	M R I LOWER EXTREMITY WITH CONTRAST	Radiology	eviCore
73720	M R I LOWER EXTREMITY WITH & WITHOUT CONTRAST	Radiology	eviCore
73721	M R I LOWER EXTREMITY JOINT WITHOUT CONTRAST	Radiology	eviCore
73722	M R I LOWER EXTREMITY JOINT WITH CONTRAST	Radiology	eviCore

73723	M R I LOWER EXTREMITY JOINT WITH & WITHOUT CONTRAST	Radiology	eviCore
73725	M R A LOWER EXTREMITY WITH OR WITHOUT CONTRAST	Radiology	eviCore
74150	C T ABDOMEN WITHOUT CONTRAST	Radiology	eviCore
74160	C T ABDOMEN WITH CONTRAST	Radiology	eviCore
74170	C T ABDOMEN WITHOUT & WITH CONTRAST	Radiology	eviCore
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Radiology	eviCore
74175	C T ANGIOGRAPHY ABDOMEN	Radiology	eviCore
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	Radiology	eviCore
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	Radiology	eviCore
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	Radiology	eviCore
74181	M R I ABDOMEN WITHOUT CONTRAST	Radiology	eviCore
74182	M R I ABDOMEN WITH CONTRAST	Radiology	eviCore
74183	M R I ABDOMEN WITH & WITHOUT CONTRAST	Radiology	eviCore
74185	M R A ABDOMEN WITH OR WITHOUT CONTRAST	Radiology	eviCore
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	Radiology	eviCore
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED	Radiology	eviCore
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	Radiology	eviCore
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Radiology	eviCore
74713	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)	Radiology	eviCore
75635	C T ANGIOGRAPHY ABDOMINAL AORTA	Radiology	eviCore
76376	3D RENDERING W/O POSTPROCESSING	Radiology	eviCore
76377	3D RENDERING W POSTPROCESSING	Radiology	eviCore
76380	C T LIMITED OR LOCALIZED FOLLOW-UP STUDY	Radiology	eviCore
76390	M R I SPECTROSCOPY	Radiology	eviCore
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	eviCore
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Radiology	eviCore
76498	UNLISTED MRI PROCEDURE	Radiology	eviCore
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	Radiation Oncology	eviCore
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Radiation Oncology	eviCore
76978	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); INITIAL LESION	Radiology	eviCore
76979	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); EACH ADDITIONAL LESION WITH SEPARATE INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiology	eviCore
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Radiation Oncology	eviCore
77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	Radiology	eviCore
77022	MAGNETIC RESONANCE IMAGING GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Radiology	eviCore
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	Radiology	eviCore
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Radiology	eviCore
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	Radiology	eviCore
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	eviCore
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	Radiology	eviCore
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Radiology	eviCore
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	Radiation Oncology	eviCore
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	Radiation Oncology	eviCore
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Radiation Oncology	eviCore
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Radiation Oncology	eviCore
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	Radiation Oncology	eviCore
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Radiation Oncology	eviCore
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	eviCore
77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	eviCore
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DOSE, AS REQUIRED DURING COURSE OF TREATMENT, ONL	Radiation Oncology	eviCore
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	eviCore
77306	TELETERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	eviCore
77307	TELETERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	eviCore
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM 1 TO 4 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 1 CHANNEL), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	eviCore
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION[S] MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	eviCore
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	eviCore
77321	SPECIAL TELETERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	Radiation Oncology	eviCore
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	Radiation Oncology	eviCore
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	Radiation Oncology	eviCore
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Radiation Oncology	eviCore
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Radiation Oncology	eviCore

77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Radation Oncology	eviCore
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radation Oncology	eviCore
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radation Oncology	eviCore
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radation Oncology	eviCore
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	Radation Oncology	eviCore
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radation Oncology	eviCore
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED: SIMPLE	Radation Oncology	eviCore
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED: COMPLEX	Radation Oncology	eviCore
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Radation Oncology	eviCore
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES	Radation Oncology	eviCore
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radation Oncology	eviCore
77402	RADIATION TREATMENT DELIVERY, >1 MEV; SIMPLE	Radation Oncology	eviCore
77407	RADIATION TREATMENT DELIVERY; TWO SEPARATE TREATMENT AREAS; THREE OR MORE PORTS ON A SINGLE TREATMENT AREA; OR THREE OR MORE SIMPLE BLOCKS; >=1 MEV; INTERMEDIATE	Radation Oncology	eviCore
77412	RADIATION TREATMENT DELIVERY; THREE OR MORE SEPARATE TREATMENT AREAS; CUSTOM BLOCKING; TANGENTIAL PORTS; WEDGES; ROTATIONAL BEAM; FIELD-IN-FIELD OR OTHER TISSUE COMPENSATION THAT DOES NOT MEET IMRT GUIDELINES; OR ELECTRON BEAM; >=1 MEV; COMPLEX	Radation Oncology	eviCore
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radation Oncology	eviCore
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND/OR WEDGE, AND/OR COMPENSATOR(S)	Radation Oncology	eviCore
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	Radation Oncology	eviCore
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	Radation Oncology	eviCore
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	Radation Oncology	eviCore
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 OR 2 FRACTIONS ONLY	Radation Oncology	eviCore
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF 1 SESSION)	Radation Oncology	eviCore
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radation Oncology	eviCore
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Radation Oncology	eviCore
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radation Oncology	eviCore
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	Radation Oncology	eviCore
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Radation Oncology	eviCore
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Radation Oncology	eviCore
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Radation Oncology	eviCore
77525	PROTON TREATMENT DELIVERY; COMPLEX	Radation Oncology	eviCore
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	Radation Oncology	eviCore
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	Radation Oncology	eviCore
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	Radation Oncology	eviCore
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	Radation Oncology	eviCore
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	Radation Oncology	eviCore
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3-MONTH FOLLOW-UP CARE)	Radation Oncology	eviCore
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	Radation Oncology	eviCore
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	Radation Oncology	eviCore
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	Radation Oncology	eviCore
77767	HDR RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY; LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL	Radation Oncology	eviCore
77768	HDR RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY; LESION DIAMETER OVER 2.0 CM AND 2 OR MORE CHANNELS, OR MULTIPLE LESIONS	Radation Oncology	eviCore
77770	HDR RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; 1 CHANNEL	Radation Oncology	eviCore
77771	HDR RADIONUCLIDE RATE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; 2 TO 12 CHANNELS	Radation Oncology	eviCore
77772	HDR RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY; OVER 12 CHANNELS	Radation Oncology	eviCore
77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE WHEN PERFORMED	Radation Oncology	eviCore
77789	SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE	Radation Oncology	eviCore
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	Radation Oncology	eviCore
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY (THIS CODE TO BE USED IN PLACE OF 77776 AND 77777)	Radation Oncology	eviCore
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	Radiology	eviCore
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	Radiology	eviCore
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	Radiology	eviCore
78015	THYROID MET IMAGING	Radiology	eviCore
78016	THYROID MET IMAGING WITH ADDITIONAL STUDIES	Radiology	eviCore
78018	THYROID SCAN WHOLE BODY	Radiology	eviCore
78020	THYROID CARCINOMA METASTASES UPTAKE	Radiology	eviCore
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)	Radiology	eviCore
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	Radiology	eviCore

78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	Radiology	eviCore
78075	ADRENAL NUCLEAR IMAGING	Radiology	eviCore
78102	BONE MARROW IMAGING, LIMITED	Radiology	eviCore
78103	BONE MARROW IMAGING, MULTIPLE	Radiology	eviCore
78104	BONE MARROW IMAGING, WHOLE BODY	Radiology	eviCore
78185	SPLEEN IMAGING WITH & WITHOUT VASCULAR FLOW	Radiology	eviCore
78195	LYMPH SYSTEM IMAGING	Radiology	eviCore
78201	LIVER IMAGING	Radiology	eviCore
78202	LIVER IMAGING WITH FLOW	Radiology	eviCore
78215	LIVER & SPLEEN IMAGING	Radiology	eviCore
78216	LIVER & SPLEEN IMAGING WITH FLOW	Radiology	eviCore
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	Radiology	eviCore
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	Radiology	eviCore
78230	SALIVARY GLAND IMAGING	Radiology	eviCore
78231	SERIAL SALIVARY GLAND	Radiology	eviCore
78232	SALIVARY GLAND FUNCTION EXAM	Radiology	eviCore
78258	ESOPHOGUS MOTILITY STUDY	Radiology	eviCore
78261	GASTRIC MUCOSA IMAGING	Radiology	eviCore
78262	GASTROESOPHAGEAL REFLUX EXAM	Radiology	eviCore
78264	GASTRIC EMPTYING STUDY	Radiology	eviCore
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TRANSIT	Radiology	eviCore
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AND COLON TRANSIT, MULTIPLE DAYS	Radiology	eviCore
78278	GI BLEEDER SCAN	Radiology	eviCore
78290	MECKELS DIVERTICULUM IMAGING	Radiology	eviCore
78291	LEVEEN SHUNT PATENCY EXAM	Radiology	eviCore
78300	BONE OR JOINT IMAGING LIMITED	Radiology	eviCore
78305	BONE OR JOINT IMAGING MULTIPLE	Radiology	eviCore
78306	BONE SCAN WHOLE BODY	Radiology	eviCore
78315	BONE SCAN 3 PHASE STUDY	Radiology	eviCore
78445	RADIONUCLIDE VENOGRAM NON-CARDIAC	Radiology	eviCore
78456	ACUTE VENOUS THROMBOSIS IMAGING	Radiology	eviCore
78457	VENOUS THROMBOSIS IMAGING UNILATERAL	Radiology	eviCore
78458	VENOUS THROMBOSIS IMAGES, BILATERAL	Radiology	eviCore
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	Radiology	eviCore
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	Radiology	eviCore
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	Radiology	eviCore
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	Radiology	eviCore
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED	Radiology	eviCore
78600	BRAIN IMAGING LIMITED STATIC	Radiology	eviCore
78601	BRAIN LIMITED IMAGING AND FLOW	Radiology	eviCore
78605	BRAIN IMAGING COMPLETE	Radiology	eviCore
78606	BRAIN IMAGING COMPLETE WITH FLOW	Radiology	eviCore
78607 (termed 12/31/19); Use 78803	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	Radiology	eviCore
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION	Radiology	eviCore
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION EVALUATION	Radiology	eviCore
78610	BRAIN FLOW IMAGING ONLY	Radiology	eviCore
78630	CISTERNOGRAM (CEREBROSPINAL FLUID FLOW)	Radiology	eviCore
78635	CEREBROSPINAL VENTRICULOGRAPHY	Radiology	eviCore
78645	CSF SHUNT EVALUATION	Radiology	eviCore
78650	C S F LEAKAGE DETECTION AND LOCALIZATION	Radiology	eviCore
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	Radiology	eviCore
78699	UNLISTED NUCLEAR MEDICINE PROCEDURES ON THE NERVOUS SYSTEM	Radiology	eviCore
78700	KIDNEY IMAGING MORPHOLOGY	Radiology	eviCore
78701	KIDNEY IMAGING WITH VASCULAR FLOW	Radiology	eviCore
78707	KIDNEY IMAGING WITH VASCULAR FLOW & FUNCTION SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	Radiology	eviCore
78708	KIDNEY IMAGING SINGLE STUDY WITH PHARMACOLOGICAL INTERVENTION	Radiology	eviCore
78709	KIDNEY IMAGING - MULTIPLE STUDIES WITHOUT & WITH PHARMACOLOGICAL INTERVENTION	Radiology	eviCore
78725	KIDNEY FUNCTION STUDY - NON-IMAGING RADIOISOTOPIC	Radiology	eviCore
78730	URINARY BLADDER RESIDUAL STUDY	Radiology	eviCore
78740	URETERAL REFLUX STUDY	Radiology	eviCore
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	Radiology	eviCore
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE LIMITED AREA (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); PLANAR, SINGLE	Radiology	eviCore
78801	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 MULTIPLE AREAS (EG, ABDOMEN AND PELVIS, HEAD AND CHEST), 1 OR MORE DAYS IMAGING OR SINGLE AREA IMAGING OVER 2 OR MORE DAYS	Radiology	eviCore
78802	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	Radiology	eviCore
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) , SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS), SINGLE DAY IMAGING	Radiology	eviCore
78804	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	Radiology	eviCore
78811	PET IMAGING: LIMITED AREA	Radiology	eviCore
78812	PET IMAGING: SKULL BASE TO MID-THIGH	Radiology	eviCore
78813	PET IMAGING: WHOLE BODY	Radiology	eviCore
78814	PET WITH CONCURRENTLY ACQUIRED CT: LIMITED AREA	Radiology	eviCore
78815	PET WITH CONCURRENTLY ACQUIRED CT: SKULL BASE TO MID-THIGH	Radiology	eviCore
78816	PET WITH CONCURRENTLY ACQUIRED CT: WHOLE BODY	Radiology	eviCore

78830	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), SINGLE DAY IMAGING	Radiology	eviCore
78831	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, ABDOMEN AND PELVIS), SINGLE DAY IMAGING, OR SINGLE AREA IMAGING OVER 2 OR MORE DAYS	Radiology	eviCore
78832	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, ABDOMEN AND PELVIS), SINGLE DAY IMAGING, OR SINGLE AREA IMAGING OVER 2 OR MORE DAYS	Radiology	eviCore
78999	UNLISTED PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE-RADIATION THERAPY TREATMENT PLANNING	Radiology	eviCore
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION; USED FOR I-131 TREATMENT	Radiation Oncology	eviCore
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Radiation Oncology	eviCore
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	Radiation Oncology	eviCore
81162	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)	Lab Management	eviCore
81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81164	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)	Lab Management	eviCore
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	Lab Management	eviCore
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	Lab Management	eviCore
81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIAL VARIANT (S)	Lab Management	eviCore
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81212	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELGA, 5385INS, 6174DELTA VARIANTS	Lab Management	eviCore
81215	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81216	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81217	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)	Lab Management	eviCore
81226	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)	Lab Management	eviCore
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)	Lab Management	eviCore
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)	Lab Management	eviCore
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	Lab Management	eviCore
81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	Lab Management	eviCore
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	Lab Management	eviCore
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)	Lab Management	eviCore
81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE	Lab Management	eviCore

81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	Lab Management	eviCore
81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81253	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81257	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)	Lab Management	eviCore
81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS FOR CHROMOSOMAL ABNORMALITIES	Lab Management	eviCore
81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT	Lab Management	eviCore
81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT (S)	Lab Management	eviCore
81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	Lab Management	eviCore
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)	Lab Management	eviCore
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (EG, PROSTATE CANCER)	Lab Management	eviCore
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Lab Management	eviCore
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	Lab Management	eviCore
81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	Lab Management	eviCore
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Lab Management	eviCore
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Lab Management	eviCore
81327	SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	Lab Management	eviCore
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	Lab Management	eviCore
81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	Lab Management	eviCore
81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	Lab Management	eviCore
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; KNOWN FAMILIAL SEQUENCE VARIANT(S)	Lab Management	eviCore
81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)	Lab Management	eviCore
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)	Lab Management	eviCore

81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, -1639G>A, C.173+1000G>T)	Lab Management	eviCore
81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	Lab Management	eviCore
81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	Lab Management	eviCore
81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	Lab Management	eviCore
81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	Lab Management	eviCore
81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE VARIANT [EG, SNP] BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT	Lab Management	eviCore
81401	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])	Lab Management	eviCore
81402	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])	Lab Management	eviCore
81403	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	Lab Management	eviCore
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 6-10	Lab Management	eviCore
81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 11-25	Lab Management	eviCore
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 26-50	Lab Management	eviCore
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF >50	Lab Management	eviCore
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	Lab Management	eviCore
81410	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	Lab Management	eviCore
81411	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 TGFBF1, TGFBF2,	Lab Management	eviCore
81412	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	Lab Management	eviCore
81413	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,	Lab Management	eviCore
81414	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	Lab Management	eviCore
81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Lab Management	eviCore
81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST	Lab Management	eviCore
81417	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	Lab Management	eviCore
81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	Lab Management	eviCore
81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	Lab Management	eviCore
81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST	Lab Management	eviCore
81427	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	Lab Management	eviCore
81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT	Lab Management	eviCore
81431	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER	Lab Management	eviCore
81432	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	Lab Management	eviCore
81433	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,	Lab Management	eviCore
81434	HEREDITARY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE	Lab Management	eviCore
81435	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,	Lab Management	eviCore

81436	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	Lab Management	eviCore
81437	HEREDITARY ENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARANGLIOMA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 6 GENES, INCLUDING MAX, SDHB, SDHC, SDHD, TMEM127, AND VHL	Lab Management	eviCore
81438	HEREDITARY ENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARANGLIOMA); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR SDHB, SDHC, SDHD, AND VHL	Lab Management	eviCore
81439	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)	Lab Management	eviCore
81440	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	Lab Management	eviCore
81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, RADIO-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	Lab Management	eviCore
81443	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, DCHR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Lab Management	eviCore
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED	Lab Management	eviCore
81448	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)	Lab Management	eviCore
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED	Lab Management	eviCore
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED	Lab Management	eviCore
81460	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	Lab Management	eviCore
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	Lab Management	eviCore
81470	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	Lab Management	eviCore
81471	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	Lab Management	eviCore
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Lab Management	eviCore
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE	Lab Management	eviCore
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE	Lab Management	eviCore
81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM REPORTED AS A RISK SCORE	Lab Management	eviCore
81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN, AND PRE-ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED AS A RISK SCORE	Lab Management	eviCore
81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	Lab Management	eviCore
81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	Lab Management	eviCore
81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	Lab Management	eviCore
81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	Lab Management	eviCore
81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	Lab Management	eviCore

81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK SCORE	Lab Management	eviCore
81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	Lab Management	eviCore
81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; FIRST SINGLE DRUG OR DRUG COMBINATION	Lab Management	eviCore
81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; EACH ADDITIONAL SINGLE DRUG OR DRUG COMBINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS GOOD VERSUS POOR OVERALL SURVIVAL	Lab Management	eviCore
81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE	Lab Management	eviCore
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5 HOUSEKEEPING) TO CLASSIFY TUMOR INTO MAIN CANCER TYPE AND SUBTYPE, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A PROBABILITY OF A PREDICTED MAIN CANCER TYPE AND SUBTYPE	Lab Management	eviCore
81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	Lab Management	eviCore
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	Lab Management	eviCore
81545	ONCOLOGY (THYROID), GENE EXPRESSION ANALYSIS OF 142 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Lab Management	eviCore
81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY	Lab Management	eviCore
81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	Lab Management	eviCore
81595	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	Lab Management	eviCore
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, AND HAPTOGLOBIN) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS SCORES FOR FIBROSIS AND NECROINFLAMMATORY ACTIVITY IN LIVER	Lab Management	eviCore
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	Lab Management	eviCore
84999	UNLISTED CHEMISTRY PROCEDURE	Lab Management	eviCore
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE	Lab Management	eviCore
93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS; COMPLETE BILATERAL STUDY	Radiology	eviCore
93986	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS; COMPLETE UNILATERAL STUDY	Radiology	eviCore
0001U	RED BLOOD CELL ANTIGEN TYPING, DNA, HUMAN ERYTHROCYTE ANTIGEN GENE ANALYSIS OF 35 ANTIGENS FROM 11 BLOOD GROUPS, UTILIZING WHOLE BLOOD, COMMON RBC ALLELES REPORTED	Lab Management	eviCore
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, HAPTOGLOBIN, AST, GLUCOSE, TOTAL CHOLESTEROL AND TRIGLYCERIDES) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS QUANTITATIVE SCORES FOR FIBROSIS, STEATOSIS AND ALCOHOLIC STEATOHEPATITIS (ASH)	Lab Management	eviCore
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, HAPTOGLOBIN, AST, GLUCOSE, TOTAL CHOLESTEROL AND TRIGLYCERIDES) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS QUANTITATIVE SCORES FOR FIBROSIS, STEATOSIS AND NONALCOHOLIC STEATOHEPATITIS (NASH)	Lab Management	eviCore
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALIVA, PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE	Lab Management	eviCore
0005U	ONCOLOGY (PROSTATE) GENE EXPRESSION PROFILE BY REAL-TIME RT-PCR OF 3 GENES (ERG, PCA3, AND SPDEF), URINE, ALGORITHM REPORTED AS RISK SCORE	Lab Management	eviCore
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA-FETOPROTEIN LEVEL, ALGORITHM REPORTED AS A RISK CLASSIFIER	Lab Management	eviCore
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A NOMOGRAM OF TUMOR DISEASE INDEX	Lab Management	eviCore
0011M	ONCOLOGY, PROSTATE CANCER, MRNA EXPRESSION ASSAY OF 12 GENES (10 CONTENT AND 2 HOUSEKEEPING), RT-PCR TEST UTILIZING BLOOD PLASMA AND/OR URINE, ALGORITHMS TO PREDICT HIGH-GRADE PROSTATE CANCER RISK	Lab Management	eviCore
0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGF1R, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA	Lab Management	eviCore
0012U	GERMLINE DISORDERS, GENE REARRANGEMENT DETECTION BY WHOLE GENOME NEXT-GENERATION SEQUENCING, DNA, WHOLE BLOOD, REPORT OF SPECIFIC GENE REARRANGEMENT(S)	Lab Management	eviCore
0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGF1R, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA	Lab Management	eviCore
0013U	ONCOLOGY (SOLID ORGAN NEOPLASIA), GENE REARRANGEMENT DETECTION BY WHOLE GENOME NEXT-GENERATION SEQUENCING, DNA, FRESH OR FROZEN TISSUE OR CELLS, REPORT OF SPECIFIC GENE REARRANGEMENT(S)	Lab Management	eviCore
0014U	HEMATOLOGY (HEMATOLYMPHOID NEOPLASIA), GENE REARRANGEMENT DETECTION BY WHOLE GENOME NEXTGENERATION SEQUENCING, DNA, WHOLE BLOOD OR BONE MARROW, REPORT OF SPECIFIC GENE REARRANGEMENT(S)	Lab Management	eviCore

0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY	Lab Management	eviCore
0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE OR FRESH FROZEN TISSUE, PREDICTIVE ALGORITHM REPORTED AS POTENTIAL TARGETS FOR THERAPEUTIC AGENTS	Lab Management	eviCore
0022U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND RNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND REARRANGEMENTS, REPORTED AS PRESENCE/ABSENCE OF VARIANTS AND ASSOCIATED THERAPY(IES) TO CONSIDER	Lab Management	eviCore
0026U	ONCOLOGY (THYROID), DNA AND MRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC ANALYSIS REPORTED AS A CATEGORICAL RESULT ("POSITIVE, HIGH PROBABILITY OF MALIGNANCY" OR "NEGATIVE, LOW PROBABILITY OF MALIGNANCY")	Lab Management	eviCore
0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLC01B1, VKORC1 AND RS12777823)	Lab Management	eviCore
0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)	Lab Management	eviCore
0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2)(EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	Lab Management	eviCore
0032U	COMT (CATECHOL-O-METHYLTRANSFERASE)(DRUG METABOLISM) GENE ANALYSIS, C.472G>A (RS4880) VARIANT	Lab Management	eviCore
0033U	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])	Lab Management	eviCore
0034U	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)	Lab Management	eviCore
0036U	EXOME (IE, SOMATIC MUTATIONS), PAIRED FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE AND NORMAL SPECIMEN, SEQUENCE ANALYSES	Lab Management	eviCore
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	Lab Management	eviCore
0042T	CT PERFUSION BRAIN	Radiology	eviCore
0045U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), MRNA, GENE EXPRESSION PROFILING BY REALTIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	Lab Management	eviCore
0047U	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE	Lab Management	eviCore
0048U	ONCOLOGY (SOLID ORGAN NEOPLASIA), DNA, TARGETED SEQUENCING OF PROTEIN-CODING EXONS OF 468 CANCER-ASSOCIATED GENES, INCLUDING INTERROGATION FOR SOMATIC MUTATIONS AND MICROSATELLITE INSTABILITY, MATCHED WITH NORMAL SPECIMENS, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE, REPORT OF CLINICALLY SIGNIFICANT MUTATION(S)	Lab Management	eviCore
0050U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOGENOUS LEUKEMIA, DNA ANALYSIS, 194 GENES, INTERROGATION FOR SEQUENCE VARIANTS, COPY NUMBER VARIANTS OR REARRANGEMENTS	Lab Management	eviCore
0053U	ONCOLOGY (PROSTATE CANCER), FISH ANALYSIS OF 4 GENES (ASAP1, HDAC9, CHD1 AND PTEN), NEEDLE BIOPSY SPECIMEN, ALGORITHM REPORTED AS PROBABILITY OF HIGHER TUMOR GRADE	Lab Management	eviCore
0055U	CARDIOLOGY (HEART TRANSPLANT), CELL-FREE DNA, PCR ASSAY OF 96 DNA TARGET SEQUENCES (94 SINGLE NUCLEOTIDE POLYMORPHISM TARGETS AND TWO CONTROL TARGETS), PLASMA	Lab Management	eviCore
0056U	HEMATOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, WHOLE GENOME NEXTGENERATION SEQUENCING TO DETECT GENE REARRANGEMENT(S), BLOOD OR BONE MARROW, REPORT OF SPECIFIC GENE REARRANGEMENT(S)	Lab Management	eviCore
0060U	TWIN ZYGOSITY, GENOMIC TARGETED SEQUENCE ANALYSIS OF CHROMOSOME 2, USING CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	Lab Management	eviCore
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-1 [MMP-1], CARCINOEMBRYONIC ANTIGEN-RELATED CELL ADHESION MOLECULE 6 [CEACAM6], HYALURONOGLUCOSAMINIDASE [HYAL1], HIGHLY EXPRESSED IN CANCER PROTEIN [HEC1]), FORMALIN-FIXED PARAFFIN-EMBEDDED PRECANCEROUS BREAST TISSUE, ALGORITHM REPORTED AS CARCINOMA RISK SCORE	Lab Management	eviCore
0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMALIN FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS AN EXPRESSION SCORE	Lab Management	eviCore
0070U	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)	Lab Management	eviCore
0071U	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)	Lab Management	eviCore
0072U	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)	Lab Management	eviCore
0073U	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)	Lab Management	eviCore
0074U	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)	Lab Management	eviCore
0075U	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)	Lab Management	eviCore
0076U	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)	Lab Management	eviCore
0078U	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	Lab Management	eviCore

0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS), URINE AND BUCCAL DNA, FOR SPECIMEN IDENTITY VERIFICATION	Lab Management	eviCore
0081U (termed 1/1/20); Use 81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE-EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING GENES), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	Lab Management	eviCore
0084U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 10 BLOOD GROUPS WITH PHENOTYPE PREDICTION OF 37 RED BLOOD CELL ANTIGENS	Lab Management	eviCore
0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES, TRANSPLANT BIOPSY TISSUE, ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE	Lab Management	eviCore
0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICROARRAY GENE EXPRESSION PROFILING OF 1494 GENES, UTILIZING TRANSPLANT BIOPSY TISSUE, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR REJECTION	Lab Management	eviCore
0089U	ONCOLOGY (MELANOMA), GENE EXPRESSION PROFILING BY RTQPCR, PRAME AND LINC00518, SUPERFICIAL COLLECTION USING ADHESIVE PATCH(ES)	Lab Management	eviCore
0090U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 23 GENES (14 CONTENT AND 9 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, BENIGN, INDETERMINATE, MALIGNANT)	Lab Management	eviCore
0094U	GENOMIC (YES, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RADIO-FOLLOUP ANALYSIS	Lab Management	eviCore
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Sugery	eviCore
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Sugery	eviCore
0101U	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])	Lab Management	eviCore
0102U	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])	Lab Management	eviCore
0103U	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])	Lab Management	eviCore
0104U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL 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 (32 GENES SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1 [DELETION/DUPLICATION ONLY])	Lab Management	eviCore
0111U	ONCOLOGY (COLON CANCER), TARGETED KRAS (CODONS 12, 13, AND 61) AND NRAS (CODONS 12, 13, AND 61) GENE ANALYSIS UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE	Lab Management	eviCore
0113U	ONCOLOGY (PROSTATE), MEASUREMENT OF PCA3 AND TMPRSS2-ERG IN URINE AND PSA IN SERUM FOLLOWING PROSTATIC MASSAGE, BY RNA AMPLIFICATION AND FLUORESCENCE-BASED DETECTION, ALGORITHM REPORTED AS RISK SCORE	Lab Management	eviCore
0114U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), VIM AND CCNA1 METHYLATION ANALYSIS, ESOPHAGEAL CELLS, ALGORITHM REPORTED AS LIKELIHOOD FOR BARRETT'S ESOPHAGUS	Lab Management	eviCore
0118U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNA USING WHOLE GENOME NEXT-GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGE OF DONOR-DERIVED CELL-FREE DNA IN THE TOTAL CELL-FREE DNA	Lab Management	eviCore
0120U	ONCOLOGY (B-CELL LYMPHOMA CLASSIFICATION), MRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 58 GENES (45 CONTENT AND 13 HOUSEKEEPING GENES), FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS LIKELIHOOD FOR PRIMARY MEDIASTINAL B-CELL LYMPHOMA (PMBCL) AND DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) WITH CELL OF ORIGIN SUBTYPING IN THE LATTER	Lab Management	eviCore
0129U	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)	Lab Management	eviCore
0130U	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)	Lab Management	eviCore
0131U	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)	Lab Management	eviCore
0132U	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)	Lab Management	eviCore
0133U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, TARGETED MRNA SEQUENCE ANALYSIS PANEL (11 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0134U	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)	Lab Management	eviCore
0135U	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)	Lab Management	eviCore
0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore

0138U	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)	Lab Management	eviCore
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING OF 101 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A TRIPLE NEGATIVE BREAST CANCER CLINICAL SUBTYPE(S) WITH INFORMATION ON IMMUNE CELL INVOLVEMENT	Lab Management	eviCore
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	Lab Management	eviCore
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS (FAP)) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0161U	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)	Lab Management	eviCore
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Lab Management	eviCore
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDINGDISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION),EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Sugery	eviCore
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH,EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Sugery	eviCore
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIALDISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Spine Sugery	eviCore
0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	Lab Management	eviCore
0170U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), RNA, NEXT-GENERATION SEQUENCING, SALIVA, ALGORITHMIC ANALYSIS, AND RESULTS REPORTED AS PREDICTIVE PROBABILITY OF ASD DIAGNOSIS	Lab Management	eviCore
0171U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOID LEUKEMIA, MYELODYSPLASTIC SYNDROME, AND MYELOPROLIFERATIVE NEOPLASMS, DNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS, REARRANGEMENTS AND MINIMAL RESIDUAL DISEASE, REPORTED AS PRESENCE/ABSENCE	Lab Management	eviCore
0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE	Lab Management	eviCore
0173U	PSYCHIATRY (IE, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	Lab Management	eviCore
0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	Lab Management	eviCore
0177U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS	Lab Management	eviCore
0179U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA, TARGETED SEQUENCE ANALYSIS OF 23 GENES (SINGLE NUCLEOTIDE VARIATIONS, INSERTIONS AND DELETIONS, FUSIONS WITHOUT PRIOR KNOWLEDGE OF PARTNER/BREAKPOINT, COPY NUMBER VARIATIONS), WITH REPORT OF SIGNIFICANT MUTATION(S)	Lab Management	eviCore
0180U	RED CELL ANTIGEN (ABO BLOOD GROUP) GENOTYPING (ABO), GENE ANALYSIS SANGER/CHAIN TERMINATION/CONVENTIONAL SEQUENCING, ABO (ABO, ALPHA 1-3 NACETYLGALACTOSAMINYLTTRANSFERASE AND ALPHA 1-3-GALACTOSYLTRANSFERASE) GENE, INCLUDING SUBTYPING, 7 EXONS	Lab Management	eviCore
0181U	RED CELL ANTIGEN (COLTON BLOOD GROUP) GENOTYPING (CO), GENE ANALYSIS, AQP1 (AQUAPORIN 1 [COLTON BLOOD GROUP]) EXON 1	Lab Management	eviCore
0182U	RED CELL ANTIGEN (CROMER BLOOD GROUP) GENOTYPING (CROM), GENE ANALYSIS, CD55 (CD55 MOLECULE [CROMER BLOOD GROUP]) EXONS 1-10	Lab Management	eviCore
0183U	RED CELL ANTIGEN (DIEGO BLOOD GROUP) GENOTYPING (DI), GENE ANALYSIS, SLC4A1 (SOLUTE CARRIER FAMILY 4 MEMBER 1 [DIEGO BLOOD GROUP]) EXON 19	Lab Management	eviCore
0184U	RED CELL ANTIGEN (DOMBROCK BLOOD GROUP) GENOTYPING (DO), GENE ANALYSIS, ART4 (ADP-RIBOSYLTRANSFERASE 4 [DOMBROCK BLOOD GROUP]) EXON 2	Lab Management	eviCore
0185U	RED CELL ANTIGEN (H BLOOD GROUP) GENOTYPING (FUT1), GENE ANALYSIS, FUT1 (FUCOSYLTRANSFERASE 1 [H BLOOD GROUP]) EXON 4	Lab Management	eviCore
0186U	RED CELL ANTIGEN (H BLOOD GROUP) GENOTYPING (FUT2), GENE ANALYSIS, FUT2 (FUCOSYLTRANSFERASE 2) EXON 2	Lab Management	eviCore
0187U	RED CELL ANTIGEN (DUFFY BLOOD GROUP) GENOTYPING (FY), GENE ANALYSIS, ACKR1 (ATYPICAL CHEMOKINE RECEPTOR 1 [DUFFY BLOOD GROUP]) EXONS 1-2	Lab Management	eviCore
0188U	RED CELL ANTIGEN (GERBICH BLOOD GROUP) GENOTYPING (GE), GENE ANALYSIS, GYPC (GLYCOPHORIN C [GERBICH BLOOD GROUP]) EXONS 1-4	Lab Management	eviCore
0189U	RED CELL ANTIGEN (MNS BLOOD GROUP) GENOTYPING (GYPA), GENE ANALYSIS, GYPA (GLYCOPHORIN A [MNS BLOOD GROUP]) INTRONS 1, 5, EXON 2	Lab Management	eviCore
0190U	RED CELL ANTIGEN (MNS BLOOD GROUP) GENOTYPING (GYPB), GENE ANALYSIS, GYPB (GLYCOPHORIN B [MNS BLOOD GROUP]) INTRONS 1, 5, PSEUDOEXON 3	Lab Management	eviCore
0191U	RED CELL ANTIGEN (INDIAN BLOOD GROUP) GENOTYPING (IN), GENE ANALYSIS, CD44 (CD44 MOLECULE [INDIAN BLOOD GROUP]) EXONS 2, 3, 6	Lab Management	eviCore
0192U	RED CELL ANTIGEN (KIDD BLOOD GROUP) GENOTYPING (JK), GENE ANALYSIS, SLC14A1 (SOLUTE CARRIER FAMILY 14 MEMBER 1 [KIDD BLOOD GROUP]) GENE PROMOTER, EXON 9	Lab Management	eviCore
0193U	RED CELL ANTIGEN (JR BLOOD GROUP) GENOTYPING (JR), GENE ANALYSIS, ABCG2 (ATP BINDING CASSETTE SUBFAMILY G MEMBER 2 [JUNIOR BLOOD GROUP]) EXONS 2- 26	Lab Management	eviCore
0194U	RED CELL ANTIGEN (KELL BLOOD GROUP) GENOTYPING (KEL), GENE ANALYSIS, KEL (KELL METALLO-ENDOPEPTIDASE [KELL BLOOD GROUP]) EXON 8	Lab Management	eviCore
0195U	KLF1 (KRUPPEL-LIKE FACTOR 1), TARGETED SEQUENCING (IE, EXON 13)	Lab Management	eviCore
0196U	RED CELL ANTIGEN (LUTHERAN BLOOD GROUP) GENOTYPING (LU), GENE ANALYSIS, BCAM (BASAL CELL ADHESION MOLECULE [LUTHERAN BLOOD GROUP]) EXON 3	Lab Management	eviCore
0197U	RED CELL ANTIGEN (LANDSTEINER-WIENER BLOOD GROUP) GENOTYPING (LW), GENE ANALYSIS, ICAM4 (INTERCELLULAR ADHESION MOLECULE 4 [LANDSTEINER-WIENER BLOOD GROUP]) EXON 1	Lab Management	eviCore

0198U	RED CELL ANTIGEN (RH BLOOD GROUP) GENOTYPING (RHD AND RHCE), GENE ANALYSIS SANGER/CHAIN TERMINATION/CONVENTIONAL SEQUENCING, RHD (RH BLOOD GROUP D ANTIGEN) EXONS 1-10 AND RHCE (RH BLOOD GROUP CCEE ANTIGENS) EXON 5	Lab Management	eviCore
0199U	RED CELL ANTIGEN (SCIANNA BLOOD GROUP) GENOTYPING (SC), GENE ANALYSIS, ERMAP (ERYTHROBLAST MEMBRANE ASSOCIATED PROTEIN [SCIANNA BLOOD GROUP]) EXONS 4, 12	Lab Management	eviCore
0200U	RED CELL ANTIGEN (KX BLOOD GROUP) GENOTYPING (XK), GENE ANALYSIS, XK (XLINKED KX BLOOD GROUP) EXONS 1-3	Lab Management	eviCore
0201U	RED CELL ANTIGEN (YT BLOOD GROUP) GENOTYPING (YT), GENE ANALYSIS, ACHE (ACETYLCHOLINESTERASE [CARTWRIGHT BLOOD GROUP]) EXON 2	Lab Management	eviCore
0202U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN SPECIFIC NUCLEIC ACID (DNA OR RNA), 22 TARGETS INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), QUALITATIVE RT-PCR, NASOPHARYNGEAL SWAB, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED	Lab Management	eviCore
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
0214T	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)	MSK - Interventional Pain Management	eviCore
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
0217T	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)	MSK - Interventional Pain Management	eviCore
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL/THORACIC, SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	MSK - Interventional Pain Management	eviCore
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	MSK - Interventional Pain Management	eviCore
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DESCPECTOMY, FACETECTOMY AND/OR FORAMINTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; CERVICAL OR THORACIC.	MSK - Interventional Pain Management	eviCore
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DESCPECTOMY, FACETECTOMY AND/OR FORAMINTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR	MSK - Interventional Pain Management	eviCore
0394T	HDR ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION	Radiation Oncology	eviCore
0395T	HDR ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION	Radiation Oncology	eviCore
A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MCI	Radiation Oncology	eviCore
A9543	YTTRIUM 90 IBRITUMOMAB TIUXETAN (ZEVALIN)	Radiation Oncology	eviCore
A9590	IODINE I-131, IOBENGUANE, 1 MILLICURIE	Radiation Oncology	eviCore
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE (XOFIGO)	Radiation Oncology	eviCore
C2616	BRACHYTHERAPY SOURCE, NONSTRANDED, YTTRIUM-90, PER SOURCE	Radiation Oncology	eviCore
C8900	MRA ABDOMEN WITH CONTRAST	Radiology	eviCore
C8901	MRA ABDOMEN WITHOUT CONTRAST	Radiology	eviCore
C8902	MRA ABDOMEN WITH AND W/O CONTRAST	Radiology	eviCore
C8903	MRI BREAST W/ CONTRAST, UNILATERAL	Radiology	eviCore
C8905	MRI BREAST W. AND W/O CONTRAST, UNILATERAL	Radiology	eviCore
C8906	MRI BREAST BILATERAL W/ CONTRAST	Radiology	eviCore
C8908	MRI BREAST BILATERAL W/ AND W/O CONTRAST	Radiology	eviCore
C8909	MRA CHEST W/CONTRAST (EXCLUDING MYOCARDIUM)	Radiology	eviCore
C8910	MRA CHEST W/O CONTRAST (EXCLUDING MYOCARDIUM)	Radiology	eviCore
C8911	MRA CHEST W/ AND W/O CONTRAST (EXCLUDING MYOCARDIUM)	Radiology	eviCore
C8912	MRA LOWER EXTREMITY W/ CONTRAST	Radiology	eviCore
C8913	MRA LOWER EXTREMITY W/O CONTRAST	Radiology	eviCore
C8914	MRA LOWER EXTREMITY W/ AND W/O CONTRAST	Radiology	eviCore
C8918	MRA PELVIS W/ CONTRAST	Radiology	eviCore
C8919	MRA PELVIS W/O CONTRAST	Radiology	eviCore
C8920	MRA PELVIS W/ AND W/O CONTRAST	Radiology	eviCore
C8931	MRA, W/ DYE, SPINAL CANAL	Radiology	eviCore
C8932	MRA, W/O DYE, SPINAL CANAL	Radiology	eviCore
C8933	MRA, W/O & W/ DYE, SPINAL CANAL	Radiology	eviCore
C8934	MRA, W/ DYE, UPPER EXTREMITY	Radiology	eviCore
C8935	MRA, W/O DYE, UPPER EXTR	Radiology	eviCore
C8936	MRA, W/O & W/ DYE, UPPER EXTR	Radiology	eviCore
C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	Radiation Oncology	eviCore
C9757	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND EXCISION OF HERNIATED INTERVERTEBRAL DISC, AND REPAIR OF ANNULAR DEFECT WITH IMPLANTATION OF BONE ANCHORED ANNULAR CLOSURE DEVICE, INCLUDING ANNULAR DEFECT MEASUREMENT, ALIGNMENT AND SIZING ASSESSMENT, AND IMAGE GUIDANCE; 1 INTERSPACE, LUMBAR	MSK - Spine Surgery	eviCore
E0748	OSTEOGENESIS STIMULATOR; ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	MSK - Spine Surgery	eviCore

E0749	OSTEOGENESIS STIMULATOR; ELECTRICAL, SURGICALLY IMPLANTED	MSK - Spine Surgery	eviCore
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	Radiology	eviCore
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	Radiology	eviCore
G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER	Radiology	eviCore
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	MSK - Interventional Pain Management	eviCore
G0297	LOW-DOSE COMPUTED TOMOGRAPHY FOR LUNG CANCER SCREENING	Radiology	eviCore
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION OR FIRST SESSION OF FRACTIONATED TREATMENT	Radiation Oncology	eviCore
G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING, FRACTIONATED TREATMENT, ALL LESIONS, PER SESSION, SECOND THROUGH FIFTH SESSIONS, MAXIMUM 5 SESSIONS PER COURSE OF TREATMENT	Radiation Oncology	eviCore
G0458	LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE	Radiation Oncology	eviCore
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Radiation Oncology	eviCore
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Radiation Oncology	eviCore
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: UP TO 5MEV	Radiation Oncology	eviCore
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 6-10MEV	Radiation Oncology	eviCore
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 11-19MEV	Radiation Oncology	eviCore
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 20MEV OR GREATER	Radiation Oncology	eviCore
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: UP TO 5MEV	Radiation Oncology	eviCore
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 6-10MEV	Radiation Oncology	eviCore
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 11-19MEV	Radiation Oncology	eviCore
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS: 20 MEV OR GREATER	Radiation Oncology	eviCore
G6011	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; UP TO 5MEV	Radiation Oncology	eviCore
G6012	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 6-10MEV	Radiation Oncology	eviCore
G6013	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 11-19MEV	Radiation Oncology	eviCore
G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Radiation Oncology	eviCore
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	eviCore
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	Radiation Oncology	eviCore
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (EG, 3D POSITIONAL TRACKING, GATING, 3D SURFACE TRACKING), EACH FRACTION OF TREATMENT	Radiation Oncology	eviCore
G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	Lab Management	eviCore
J2505	PEGFILGRASTIM	Medical Oncology	eviCore
M0076	PROLOTHERAPY	MSK - Interventional Pain Management	eviCore
S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	Radiation Oncology	eviCore
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	MSK - Joint Surgery	eviCore
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	Lab Management	eviCore
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR SUSCEPTIBILITY TO MULTIPLE ENDOCRINE NEOPLASIA TYPE 2	Lab Management	eviCore
S3841	GENETIC TESTING FOR RETINOBLASTOMA	Lab Management	eviCore
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Lab Management	eviCore
S3844	DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILITY TO CONGENITAL, PROFOUND DEAFNESS	Lab Management	eviCore
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	Lab Management	eviCore
S3846	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA	Lab Management	eviCore
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	Lab Management	eviCore
S3852	DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE	Lab Management	eviCore
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT	Lab Management	eviCore
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	Lab Management	eviCore
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	Lab Management	eviCore
S3866	GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL WITH A KNOWN HCM MUTATION IN THE FAMILY	Lab Management	eviCore
S3870	COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR INTELLECTUAL DISABILITY	Lab Management	eviCore
S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY	Radiation Oncology	eviCore
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATO-GRAPHY (MRCP)	Radiology	eviCore
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	Radiology	eviCore
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL HEAD COINCIDENCE DETECTION SYSTEM. (NON-DEDICATED PET SCAN)	Radiology	eviCore
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)	Radiology	eviCore
C9021 (termed 1/1/15); Use J9301	INJECTION, OBINUTUZUMAB, 10 MG	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9025 (termed 1/1/16); Use J9308	INJECTION, RAMUCIRUMAB, 5 MG	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9027 (termed 1/1/16); Use J9271	INJECTION, PERMBROLIZUMAB, 1 MG	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9045 (termed 10/1/19); Use J8313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFX, 0.01 MG (CODE DELETED EFFECTIVE 9/30/19) (LUMOXIT)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses

C9049 (termed 10/1/19); Use J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG (CODE DELETED EFFECTIVE 9/30/19) (ELZONRIS) - TERMED	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9399	UNCLASSIFIED DRUG OR BIOLOGICALS - eviCore for the following drugs (BCBSAZ for all others): DARATUMUMAB AND HYALURONIDASE-FIHJ; PEGFILGRASTIM-APGF; PERTUZUMAB / TRASTUZUMAB / HYALURONIDASE-ZZXF; ISATUXIMAB-IRFC; PEGINTERFERON, ALFA-2B; DINUTUXIMAB; LURBINECTEDIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9453 (termed 12/31/15); Use J9299	INJECTION, NIVOLUMAB, 1 MG	MEDICAL ONCOLOGY	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9467 (termed 1/1/19); Use J9311	INJECTION, RITUXIMAB AND HYALURONIDASE, 10 MG	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
C9486 (termed 1/1/18); Use J1627	INJECTION, GRANISETRON EXTENDED RELEASE, 0.1 MG	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0185	APREPITANT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0584	BUROSUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0640	LEUCOVORIN - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0641	LEVOLEUCOVORIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0642	LEVOLEUCOVORIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0881	DARBEOTIN ALFA	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0885	EPOETIN ALFA	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0894	DECITABINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0896	LUSPATERCEPT-AAMT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J0897	DENOSUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1442	FILGRASTIM	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1447	TBO-FILGRASTIM	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1453	FOSAPREPITANT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1454	FOSNETUPITANT/PALONOSETRON	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1627	GRANISETRON	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1930	LANREOTIDE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J1950	LEUPROLIDE ACETATE (J1950: 3.75MG)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J2353	OCTREOTIDE DEPOT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J2354	OCTREOTIDE NON-DEPOT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J2430	PAMIDRONATE DISODIUM	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J2469	PALONOSETRON	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J2820	SARGRAMOSTIM	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J2860	SILTUXIMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J3262	TOCILIZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J3315	TRIPTORELIN PAMOATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J3489	ZOLEDRONIC ACID	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J3490	UNCLASSIFIED DRUGS - eviCore for the following drugs (BCBSAZ for all others): DARATUMUMAB AND HYALURONIDASE-FIHJ; PEGFILGRASTIM-APGF; PERTUZUMAB / TRASTUZUMAB / HYALURONIDASE-ZZXF; ISATUXIMAB-IRFC; LURBINECTEDIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J3590	UNCLASSIFIED BIOLOGICS - eviCore for the following drugs (BCBSAZ for all others): DARATUMUMAB AND HYALURONIDASE-FIHJ; PEGFILGRASTIM-APGF; PEGINTERFERON, ALFA-2A; PEGINTERFERON, ALFA-2B; PERTUZUMAB / TRASTUZUMAB / HYALURONIDASE-ZZXF; ISATUXIMAB-IRFC; LURBINECTEDIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9000	DOXORUBICIN HCL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9015	ALDESLEUKIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9017	ARSENIC TRIOXIDE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9019	ASPARAGINASE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9022	ATEZOLIZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9023	AVELUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9025	AZACITIDINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9027	CLOFARABINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9030	BCG	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9032	BELINOSTAT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9033	BENDAMUSTINE HCL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9034	BENDAMUSTINE HCL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9035	BEVACIZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9036	BENDAMUSTINE HCL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9039	BLINATUMOMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9040	BLEOMYCIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses

J9041	BORTEZOMIB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9042	BRENTUXIMAB VEDOTIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9043	CABAZITAXEL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9044	BORTEZOMIB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9045	CARBOPLATIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9047	CARFILZOMIB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9050	CARMUSTINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9055	CETUXIMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9057	COPANLISIB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9060	CISPLATIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9065	CLADRIBINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9070	CYCLOPHOSPHAMIDE - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9098	CYTARABINE-LIPOSOME	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9100	CYTARABINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9118	CALASPARGASE PEGOL-MKNL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9119	CEMPLIMAB-RWLC	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9120	DACTINOMYCIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9130	DACARBAZINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9145	DARATUMUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9150	DAUNORUBICIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9153	LIPOSOME-ENCAPSULATED COMBINATION OF DAUNORUBICIN AND CYTARABINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9155	DEGARELIX	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9171	DOCETAXEL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9173	DURVALUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9176	ELOTUZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9177	ENFORTUMB VEDOTIN-EJFV	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9178	EPIRUBICIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9179	ERIBULIN MESYLATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9181	ETOPOSIDE - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9185	FLUDARABINE PHOSPHATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9190	5-FLUOROURACIL - INJECTION	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9198	GEMCITABINE HCL IN NACL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9200	FLOXURIDINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9201	GEMCITABINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9202	GOSERELIN ACETATE IMPLANT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9203	GEMTUZUMAB OZOGAMICIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9204	MOGAMULIZUMAB-KPKC	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9205	IRINOTECAN LIPOSOME	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9206	IRINOTECAN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9207	IXABEPILONE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9208	IFOSFAMIDE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9211	IDARUBICIN HCL - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9214	INTERFERON, ALFA-2B, RECOMBINANT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9216	INTERFERON, GAMMA-1B	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9217	LEUPROLIDE ACETATE (J9217: 7.5MG)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9218	LEUPROLIDE ACETATE (J9218: 1MG)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9225	HISTRELIN IMPLANT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9228	IPILUMUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9229	INOTUZUMAB OZOGAMICIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9230	MECHLORETHAMINE HCL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9245	MELPHALAN HCL - NOS INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses

J9246	MELPHALAN HCL - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9250	METHOTREXATE SODIUM (J9250: 5MG)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9260	METHOTREXATE SODIUM (J9260: 50MG)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9261	NELARABINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9262	OMACETAXINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9263	OXALIPLATIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9264	PACLITAXEL (ALBUMIN-BOUND)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9266	PEGASPARGASE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9267	PACLITAXEL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9268	PENTOSTATIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9269	TAGRAXOFUSP-ERZS	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9271	PEMBROLIZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9280	MITOMYCIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9285	OLARATUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9293	MITOXANTRONE HCL	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9295	NECITUMUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9299	NIVOLUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9301	OBINUTUZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9302	OFATUMUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9303	PANITUMUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9305	PEMETREXED	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9306	PERTUZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9307	PRALATREXATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9308	RAMUCIRUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9309	POLATUZUMAB VEDOTIN-PIIQ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9311	RITUXIMAB AND HYALURONIDASE HUMAN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9312	RITUXIMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9313	MOXETUMOMAB PASUDOTOX-TDFK	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9315	ROMIDEPSIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9320	STREPTOZOCIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9325	TALIMOGENE LAHERPAREPVEC	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9328	TEMOZOLOMIDE - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9330	TEMSIROLIMUS	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9340	THIOTEPA	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9351	TOPOTECAN - INJ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9352	TRABECTEDIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9354	ADO-TRASTUZUMAB EMTANSINE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9355	TRASTUZUMAB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9356	TRASTUZUMAB AND HYALURONIDASE-OYSK	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9357	VALRUBICIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9358	FAM-TRASTUZUMAB DERUXTECAN-NXKI	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9360	VINBLASTINE SULFATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9370	VINCISTINE SULFATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9371	VINCISTINE SULFATE LIPOSOME	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9390	VINORELBINE TARTRATE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9395	FULVESTRANT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9400	ZIVAFIBERCEPT	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9600	PORFIMER SODIUM	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS - eviCore for the following drugs (BCBSAZ for all others): DARATUMUMAB AND HYALURONIDASE-FIHJ; PEGFILGRASTIM-APGF; PERTUZUMAB / TRASTUZUMAB / HYALURONIDASE-ZZXF; ISATUXIMAB-IRFC; PEGINTERFERON, ALFA-2B; DINUTUXIMAB; LURBINECTEDIN	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q2017	TENIPOSIDE	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q2043	SIPULEUCEL-T	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses

Q2050	DOXORUBICIN HCL (LIPOSOMAL)	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5101	FILGRASTIM-SNDZ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5106	EPOETIN ALFA-EPBX	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5107	BEVACIZUMAB-AWWB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5108	PEGFILGRASTIM-JMDB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5110	FILGRASTIM-AAFI	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5111	PEGFILGRASTIM-CBQV	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5112	TRASTUZUMAB-DTTB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5113	TRASTUZUMAB-PKRB	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5114	TRASTUZUMAB-DKST	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5115	RITUXIMAB-ABBS	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5116	TRASTUZUMAB-QYYP	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5117	TRASTUZUMAB-ANNS	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5118	BEVACIZUMAB-BVZR	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5119	RITUXIMAB-PVVR	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
Q5120	PEGFILGRASTIM-BMEZ	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
S0145	PEGINTERFERON, ALFA-2A	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses
S0148	PEGINTERFERON, ALFA-2B	Medical Oncology	eviCore for oncology diagnoses BCBSAZ for all other diagnoses