

New Hampshire precertification/prior authorization list

Updated: June 1, 2025

The following guidelines apply to Anthem products issued and delivered by Anthem in New Hampshire. For information on precertification requirements for those members of National Accounts please call the number on the member's card. To verify member eligibility, benefits and account information please call the telephone number listed on the back of the member's identification card.

Precertification/prior authorization is the determination by Anthem that selected inpatient and outpatient medical services (including surgeries, major diagnostic procedures and referrals) are medically necessary. For the member to receive maximum benefits, Anthem must authorize the services for which precertification/prior authorization is required prior to being rendered. Precertification/prior authorization can help avoid unnecessary charges or penalties by helping to ensure that the member's care is medically necessary and administered at an appropriate network facility and by a network provider.

Note: NOC and unlisted codes — codes may not reflect precertification is required but codes may require medical necessity review upon claims submission depending on diagnosis and/or reimbursement level.

Precertification/prior authorization includes:

- A review of both the service and the setting.
- Care will be covered according to the member's benefits for the number of days authorized unless our concurrent review determines that additional days qualify for coverage.
- Certain services may require the member to use a provider designated by Anthem's Utilization Management staff.
- A copy of the approval will be provided to the member and the physician or provider of service.
- For benefits to be paid, the member must be eligible for benefits and the service must be a covered benefit under the contract at the time the services are rendered and the member must not have exceeded any benefit limitations under their plan.

Responsibility for precertification/prior authorization:

For HMO type health plans: Under our HMO plans and products:

- It is the participating physician's or provider's responsibility to contact Anthem's Utilization Management Department at **800-531-4450**, or such other number indicated below for specific services, to obtain precertification/prior authorization.
- The request must come from the provider or facility rendering the service, not the referring physician, except where described below for specific services.
- If precertification/prior authorization is not obtained, the claim payment may be reduced or denied by the plan and the member must be held harmless.

For PPO type health plans: Under our PPO plans and products:

- Services provided by a network provider: The provider is responsible for precertification/prior authorization
- Services provided by a BlueCard® or non-participating provider: The member is responsible for precertification/prior authorization.

The member is financially responsible for services and/or settings that are not covered under the certificate based on an adverse determination of medical necessity or experimental or investigational services.

- Contact Anthem's Utilization Management Department to obtain precertification/prior authorization at: **(800) 531-4450**, or such other number indicated below for specific services.

UM Decisions — Appropriateness of Care and Services

As part of our goal to improve the health of the members we serve, we are committed to promoting appropriate utilization of medical services. Please note the following:

Individuals who make utilization management decisions do not receive compensation or incentives to deny care. This also applies to individuals who supervise them, including management, medical directors, utilization management managers and licensed staff. Utilization management decisions are based only on appropriateness of care and services and existence of coverage. The plan does not specifically reward for denial of services, or offer incentives to encourage denial of services.

Providers may contact Carelon Medical Benefits Management, Inc. for prior authorization/preservice clinical review medical necessity reviews of the services listed below through the following options:

Access Carelon Medical Benefits Management ProviderPortalSM directly at **providerportal.com**. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.

Access Carelon Medical Benefits Management via Availity Essentials at **<https://Availity.com>**.

Call the Carelon Medical Benefits Management Contact Center toll-free number: **866-714-1107**, Monday through Friday, 8 a.m. to 6 p.m. ET.

For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit under the policy. **This list is subject to change and is not all inclusive.**

Code	Code description	Responsible party	Criteria/Guideline	Comments
Various	Admissions <ul style="list-style-type: none"> • Elective admissions • Admission from ER - Requires medical necessity review for all Commercial Business (Except Anthem Essential Choice aka Limited Duration Plan) • Gastric bypass surgery • Human organ and bone marrow/stem cell transplants • Inpatient hospice • Inpatient rehabilitation admissions • Inpatient skilled nursing facility admission • OB (obstetrical) related medical stay, excludes childbirth 	Anthem	MCG Guidelines	
Various	Behavioral Health Services <ul style="list-style-type: none"> • Inpatient behavioral health and substance abuse admissions • Partial hospital program (PHP) • Intensive outpatient programs (IOP) • Intensive in-home services • Transcranial magnetic stimulation (TMS) • Applied behavior analysis (ABA) 	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
Various	Maternity admissions - Vaginal and Cesarean deliveries if more than 2 days or 4 days respectively	Anthem	MCG Guidelines	
Various	Transplant services	Anthem	MCG Guidelines	Contact Anthem Transplant unit at 888-574-7215
Various	Colonoscopy - Screening & Diagnostic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of Ear /Auditory Canal	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .

Code	Code description	Responsible party	Criteria/Guideline	Comments
Various	Procedures of Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures, Anus, Colon and Rectum, Esophagus, Intestines, Lips, Liver, Mouth & Buccal Cavity, adnoids/throat/tonsils, Palate and uvula, salviary ducts and glands, teeth and supporting structures, Abdomen/Peritoneum & Omentum	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of Anterior Segment of Ocular, Conjunctiva, Eye Ball, Lacrimal system, Ocular Adnexa, Posterior Segment Ocular	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of Cervix Uteri, Cervix Uteri, Vagina, Maternity Care and Delivery, Oviduct/Ovary, Vulva, Perineum, and Introitus	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of Hemic and Lymphatic Systems	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of the Breast, Integumentary system (General), Pilonadal cyst, Skin, Subcutaneous, and Accessory Structures	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of Male Genital System	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .

Code	Code description	Responsible party	Criteria/Guideline	Comments
Various	Procedures of Musculoskeletal system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of Accessory sinues, Larynx, Nasal Structure, Trachea and Bronchi	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
Various	Procedures of bladder, kidney, ureter, urethra	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Site of Care for Surgical Procedures	Contact Carelon Medical Benefits Management online www.providerportal.com . You may also call Carelon Medical Benefits Management toll-free at 866-714-1107 .
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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)	Anthem	LAB.00019	
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)	Anthem	LAB.00019	
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	Carelon Medical Benefits Management	CG-MED-41	
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Anthem	LAB.00024	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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 or absence of variants and associated therapy(ies) to consider	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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")	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
00530	Anesthesia for permanent transvenous pacemaker insertion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
00580	Anesthesia for heart transplant or heart/lung transplant	Anthem	TRANS.00026, TRANS.00033	Contact Anthem Transplant unit at 888-574-7215
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Anthem	LAB.00036	
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Carelon Medical Benefits Management or Anthem	MED.00057	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Carelon Medical Benefits Management or Anthem	MED.00057	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	Anthem	TRANS.00008	Contact Anthem Transplant unit at 888-574-7215
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	Anthem	LAB.00011	
00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	Anthem	CG-TRANS-02	Contact Anthem Transplant unit at 888-574-7215
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Anthem	LAB.00011	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0176: Neurosurgery or Procedure GRG	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0176: Neurosurgery or Procedure GRG	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Anthem	SURG.00113	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Carelon Medical Benefits Management or Anthem	SURG.00045	
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])	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	Carelon Medical Benefits Management or Anthem	SURG.00045	
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])	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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])	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	Anthem	LAB.00041	
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Carelon Medical Benefits Management or Anthem	MED.00082	
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Carelon Medical Benefits Management or Anthem	MED.00082	
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	Carelon Medical Benefits Management or Anthem	MED.00082	
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p1	Anthem	LAB.00026	
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	Carelon Medical Benefits Management or Anthem	MED.00082	
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	Carelon Medical Benefits Management or Anthem	MED.00082	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Carelon Medical Benefits Management or Anthem	LAB.00050	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Anthem	LAB.00048	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Anthem	LAB.00039	
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Anthem	LAB.00039	
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	Carelon Medical Benefits Management or Anthem	LAB.00050	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	Anthem	LAB.00037	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0166U	Liver disease, 10 biochemical assays (α2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	Anthem	LAB.00019	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	Anthem	LAB.00011	
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Anthem	LAB.00037	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	Carelon Medical Benefits Management	CG-MED-78	
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	Carelon Medical Benefits Management	CG-MED-78	
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	Carelon Medical Benefits Management	CG-MED-78	

Code	Code description	Responsible party	Criteria/Guideline	Comments
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	Carelon Medical Benefits Management	CG-MED-78	
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	Carelon Medical Benefits Management	CG-MED-78	
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	Carelon Medical Benefits Management	CG-MED-78	
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	Carelon Medical Benefits Management	CG-MED-78	
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	Carelon Medical Benefits Management	CG-MED-78	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Anthem	SURG.00092	
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Anthem	LAB.00046	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Carelon Medical Benefits Management or Anthem	MED.00103	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Chromosomal Microarray Analysis	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Anthem	SURG.00114	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Anthem	SURG.00114	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Carelon Medical Benefits Management or Anthem	SURG.00114	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00114	
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Anthem	LAB.00033	
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Carelon Medical Benefits Management	LAB.00040	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	Anthem	LAB.00011	
0248U	Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug	Anthem	LAB.00003	
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	Anthem	LAB.00011	
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Carelon Medical Benefits Management or Anthem	CG-SURG-118	
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	Carelon Medical Benefits Management or Anthem	LAB.00045	
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	Carelon Medical Benefits Management or Anthem	LAB.00045	
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Carelon Medical Benefits Management or Anthem	SURG.00124	
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Carelon Medical Benefits Management or Anthem	SURG.00124	
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Carelon Medical Benefits Management or Anthem	SURG.00124	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Carelon Medical Benefits Management or Anthem	SURG.00124	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Carelon Medical Benefits Management or Anthem	SURG.00124	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Carelon Medical Benefits Management or Anthem	SURG.00124	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	Carelon Medical Benefits Management or Anthem	SURG.00124	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	Carelon Medical Benefits Management or Anthem	SURG.00124	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	Carelon Medical Benefits Management or Anthem	SURG.00071	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Carelon Medical Benefits Management or Anthem	SURG.00071	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	Carelon Medical Benefits Management or Anthem	DME.00011	
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	Carelon Medical Benefits Management	CG-SURG-95	
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	Anthem	LAB.00036	
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Chromosomal Microarray Analysis	
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Anthem	LAB.00039	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Carelon Medical Benefits Management or Anthem	LAB.00050	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Carelon Medical Benefits Management	MED.00118	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Carelon Medical Benefits Management or Anthem	MED.00103	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Carelon Medical Benefits Management or Anthem	RAD.00064	
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Carelon Medical Benefits Management or Anthem	RAD.00064	
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0335T	Insertion of sinus tarsi implant	Carelon Medical Benefits Management or Anthem	SURG.00104	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Anthem	LAB.00015	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	Carelon Medical Benefits Management or Anthem	SURG.00135	
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	Anthem	LAB.00015	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	Carelon Medical Benefits Management or Anthem	SURG.00135	
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Carelon Medical Benefits Management or Anthem	CG-MED-68	
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	Anthem	LAB.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	Anthem	LAB.00019	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Anthem	SURG.00121	
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Carelon Medical Benefits Management or Anthem	RAD.00065	
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Carelon Medical Benefits Management or Anthem	RAD.00065	
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Carelon Medical Benefits Management or Anthem	RAD.00065	
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Carelon Medical Benefits Management or Anthem	RAD.00065	
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Carelon Medical Benefits Management or Anthem	SURG.00139	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Carelon Medical Benefits Management or Anthem	SURG.00139	
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Carelon Medical Benefits Management or Anthem	SURG.00139	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Carelon Medical Benefits Management or Anthem	SURG.00139	
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Anthem	LAB.00046	
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Anthem	LAB.00033	
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	Anthem	LAB.00011	
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Anthem	LAB.00028, LAB.00046	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	Anthem	LAB.00039	
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	Anthem	LAB.00039	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Anthem	LAB.00039	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	Anthem	LAB.00039	
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	Anthem	LAB.00039	
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	Anthem	LAB.00026	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	Anthem	LAB.00031	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	MED.00131	
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	MED.00131	
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	Anthem	LAB.00040	
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Anthem	LAB.00051	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Carrier Screening in the Reproductive Setting	
0401U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	Carelon Medical Benefits Management	CG-SURG-105	
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Anthem	LAB.00041	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Carelon Medical Benefits Management or Anthem	SURG.00153	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Carelon Medical Benefits Management or Anthem	SURG.00153	
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Carelon Medical Benefits Management or Anthem	SURG.00153	
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Carelon Medical Benefits Management or Anthem	SURG.00153	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Carelon Medical Benefits Management or Anthem	SURG.00153	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	Anthem	LAB.00046	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Carelon Medical Benefits Management or Anthem	SURG.00153	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Carelon Medical Benefits Management or Anthem	SURG.00153	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Carelon Medical Benefits Management or Anthem	SURG.00153	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Carelon Medical Benefits Management or Anthem	SURG.00153	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	Carelon Medical Benefits Management or Anthem	SURG.00153	
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	Carelon Medical Benefits Management or Anthem	SURG.00153	
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	Anthem	LAB.00016	
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	Anthem	LAB.00003	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Anthem	LAB.00046	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Carelon Medical Benefits Management or Anthem	CG-SURG-118	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management or Anthem	CG-SURG-118	
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Anthem	LAB.00051	
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Anthem	LAB.00046	
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Anthem	LAB.00019	
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Anthem	SURG.00113	
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Anthem	SURG.00113	
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Carelon Medical Benefits Management or Anthem	CG-SURG-118	
0479U	Tau, phosphorylated, pTau217	Anthem	LAB.00046	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with pos	Anthem	LAB.00050	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with ris	Anthem	LAB.00040	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Anthem	SURG.00121	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Anthem	SURG.00121	
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	Carelon Medical Benefits Management or Anthem	MED.00132	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Carelon Medical Benefits Management or Anthem	MED.00132	
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight mel	Anthem	LAB.00015	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytok	Anthem	LAB.00015	
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytok	Anthem	LAB.00015	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Anthem	TRANS.00039	Contact Anthem Transplant unit at 888-574-7215
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Anthem	TRANS.00039	Contact Anthem Transplant unit at 888-574-7215
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, fami	Anthem	LAB.00033	
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantita	Anthem	LAB.00046	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
0510T	Removal of sinus tarsi implant	Carelon Medical Benefits Management or Anthem	SURG.00104	
0511T	Removal and reinsertion of sinus tarsi implant	Carelon Medical Benefits Management or Anthem	SURG.00104	
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Anthem	LAB.00003	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	Carelon Medical Benefits Management or Anthem	SURG.00045	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Carelon Medical Benefits Management or Anthem	SURG.00152	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Carelon Medical Benefits Management or Anthem	SURG.00152	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	Carelon Medical Benefits Management or Anthem	SURG.00152	
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	Carelon Medical Benefits Management or Anthem	SURG.00152	
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	Carelon Medical Benefits Management or Anthem	SURG.00152	
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon Medical Benefits Management or Anthem	SURG.00152	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	Carelon Medical Benefits Management or Anthem	SURG.00152	
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	Carelon Medical Benefits Management or Anthem	SURG.00152	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	Carelon Medical Benefits Management or Anthem	MED.00111	
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	Carelon Medical Benefits Management or Anthem	MED.00111	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	Carelon Medical Benefits Management or Anthem	MED.00111	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Carelon Medical Benefits Management or Anthem	MED.00111	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Carelon Medical Benefits Management or Anthem	MED.00111	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Carelon Medical Benefits Management or Anthem	MED.00111	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Carelon Medical Benefits Management or Anthem	MED.00111	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Carelon Medical Benefits Management or Anthem	MED.00111	
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Anthem	CC-0150, CC-0151	Contact Anthem Transplant unit at 888-574-7215
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Anthem	SURG.00121	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Anthem	SURG.00121	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Carelon Medical Benefits Management or Anthem	SURG.00139	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Carelon Medical Benefits Management or Anthem	MED.00103	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Carelon Medical Benefits Management or Anthem	MED.00132	
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	Carelon Medical Benefits Management or Anthem	MED.00132	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Anthem	SURG.00121	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Carelon Medical Benefits Management or Anthem	SURG.00010	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Carelon Medical Benefits Management or Anthem	SURG.00010	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Carelon Medical Benefits Management or Anthem	SURG.00126	
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	Carelon Medical Benefits Management or Anthem	SURG.00126	
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Carelon Medical Benefits Management or Anthem	MED.00134	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	MED.00134	
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report	Carelon Medical Benefits Management or Anthem	MED.00137	
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Carelon Medical Benefits Management or Anthem	SURG.00011	
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Carelon Medical Benefits Management or Anthem	SURG.00011	
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00011	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Anthem	SURG.00121	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Carelon Medical Benefits Management or Anthem	SURG.00159	
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	Anthem	SURG.00097	
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	Anthem	SURG.00097	
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Carelon Medical Benefits Management or Anthem	MED.00004	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Anthem	MED.00098	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Anthem	TRANS.00037	Contact Anthem Transplant unit at 888-574-7215
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Carelon Medical Benefits Management or Anthem	CG-SURG-118	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Carelon Medical Benefits Management or Anthem	SURG.00010	
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Anthem	MED.00145	
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Anthem	MED.00145	
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	Carelon Medical Benefits Management or Anthem	RAD.00067	
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	RAD.00067; Carelon Medical Benefits Management: Vascular Imaging	
0692T	Therapeutic ultrafiltration	Anthem	MED.00102	
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Carelon Medical Benefits Management or Anthem	MED.00004	
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	MED.00004	
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Anthem	MED.00145	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Anthem	MED.00145	
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Anthem	MED.00145	
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	Carelon Medical Benefits Management or Anthem	MED.00132	
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	Carelon Medical Benefits Management or Anthem	MED.00132	
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Carelon Medical Benefits Management or Anthem	DME.00011	
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Carelon Medical Benefits Management or Anthem	MED.00141	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Anthem	SURG.00161	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	Anthem	SURG.00161	
0742T	Absolute Quantitation of Myocardial Blood Flow (AQMBF), single-photon Emission computed tomography (Spect), with exercise	Anthem	RAD.00069	
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Carelon Medical Benefits Management or Anthem	THER-RAD.00012	
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Carelon Medical Benefits Management or Anthem	THER-RAD.00012	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Carelon Medical Benefits Management or Anthem	THER-RAD.00012	
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Carelon Medical Benefits Management or Anthem	DME.00011	
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	DME.00011	
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	DME.00048	
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	Carelon Medical Benefits Management or Anthem	DME.00048	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Carelon Medical Benefits Management	DME.00048	
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Carelon Medical Benefits Management or Anthem	DME.00048	
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Carelon Medical Benefits Management	DME.00048	
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	Carelon Medical Benefits Management or Anthem	MED.00101	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Carelon Medical Benefits Management or Anthem	DME.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Anthem	SURG.00097	
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Anthem	MED.00120	Contact Anthem Transplant unit at 888-574-7215
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Anthem	CG-SURG-83	
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	Carelon Medical Benefits Management or Anthem	CG-SURG-95	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers; MCG Guidelines	
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers; MCG Guidelines	
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers; MCG Guidelines	
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy; SURG.00152	
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy; SURG.00152	
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy; SURG.00152	
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Carelon Medical Benefits Management or Anthem	SURG.00045	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Anthem	TRANS.00039	Contact Anthem Transplant unit at 888-574-7215
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Anthem	TRANS.00039	Contact Anthem Transplant unit at 888-574-7215
0899T	Noninvasive Determination of absolute quantitation of myocardial blood flow (AQMBF) derived from augmentative algorithmic	Anthem	RAD.00069	
0900T	Noninvasive Determination of absolute quantitation of myocardial blood flow (AQMBF) derived from assistive algorithmic	Anthem	RAD.00069	
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther	Anthem	SURG.00153	
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Anthem	SURG.00153	
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Anthem	SURG.00153	
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Anthem	SURG.00153	
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Anthem	SURG.00153	
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Anthem	SURG.00153	
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sens	Anthem	SURG.00153	
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Anthem	SURG.00153	
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Anthem	SURG.00153	

Code	Code description	Responsible party	Criteria/Guideline	Comments
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac c	Anthem	SURG.00153	
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qua	Anthem	SURG.00153	
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technici	Anthem	SURG.00153	
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of se	Anthem	SURG.00153	
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of se	Anthem	SURG.00153	
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart cath	Anthem	SURG.00128	
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and tren	Anthem	SURG.00128	
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of u	Anthem	SURG.00135	

Code	Code description	Responsible party	Criteria/Guideline	Comments
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Carelon Medical Benefits Management or Anthem	ANC.00007, SURG.00023	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Carelon Medical Benefits Management or Anthem	ANC.00007, SURG.00023	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Carelon Medical Benefits Management or Anthem	MED.00132	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Carelon Medical Benefits Management or Anthem	MED.00132	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Carelon Medical Benefits Management or Anthem	MED.00132	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Carelon Medical Benefits Management or Anthem	MED.00132	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Carelon Medical Benefits Management or Anthem	SURG.00096	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Carelon Medical Benefits Management or Anthem	SURG.00096	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Carelon Medical Benefits Management or Anthem	SURG.00096	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	Carelon Medical Benefits Management or Anthem	SURG.00096	
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Carelon Medical Benefits Management or Anthem	SURG.00011	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Carelon Medical Benefits Management or Anthem	SURG.00011	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Carelon Medical Benefits Management or Anthem	SURG.00011	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Carelon Medical Benefits Management or Anthem	SURG.00011	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Carelon Medical Benefits Management or Anthem	SURG.00011	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Anthem	SURG.00154	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Carelon Medical Benefits Management or Anthem	MED.00132	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Carelon Medical Benefits Management or Anthem	MED.00132	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Carelon Medical Benefits Management or Anthem	ANC.00007	
15776	Punch graft for hair transplant; more than 15 punch grafts	Carelon Medical Benefits Management or Anthem	ANC.00007	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Carelon Medical Benefits Management or Anthem	ANC.00007	
15781	Dermabrasion; segmental, face	Carelon Medical Benefits Management or Anthem	ANC.00007	
15782	Dermabrasion; regional, other than face	Carelon Medical Benefits Management or Anthem	ANC.00007	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Carelon Medical Benefits Management or Anthem	ANC.00007	

Code	Code description	Responsible party	Criteria/Guideline	Comments
15786	Abrasion; single lesion (eg, keratosis, scar)	Carelon Medical Benefits Management or Anthem	ANC.00007	
15788	Chemical peel, facial; epidermal	Carelon Medical Benefits Management or Anthem	ANC.00007	
15789	Chemical peel, facial; dermal	Carelon Medical Benefits Management or Anthem	ANC.00007	
15792	Chemical peel, nonfacial; epidermal	Carelon Medical Benefits Management or Anthem	ANC.00007	
15793	Chemical peel, nonfacial; dermal	Carelon Medical Benefits Management or Anthem	ANC.00007	
15820	Blepharoplasty, lower eyelid;	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
15822	Blepharoplasty, upper eyelid;	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
15824	Rhytidectomy; forehead	Carelon Medical Benefits Management or Anthem	ANC.00008, SURG.00096	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Anthem	ANC.00008	
15826	Rhytidectomy; glabellar frown lines	Carelon Medical Benefits Management or Anthem	ANC.00008, SURG.00096	
15828	Rhytidectomy; cheek, chin, and neck	Anthem	ANC.00008	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Anthem	ANC.00008	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Carelon Medical Benefits Management or Anthem	CG-SURG-99	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Anthem	ANC.00009	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Anthem	ANC.00009	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Anthem	ANC.00009	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Anthem	ANC.00009	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Anthem	ANC.00009	

Code	Code description	Responsible party	Criteria/Guideline	Comments
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Anthem	ANC.00009	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Anthem	ANC.00008	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Anthem	ANC.00009	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Anthem	ANC.00008	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Anthem	ANC.00008	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Anthem	ANC.00008	
15845	Graft for facial nerve paralysis; regional muscle transfer	Anthem	ANC.00008	
15876	Suction assisted lipectomy; head and neck	Anthem	ANC.00008	
15877	Suction assisted lipectomy; trunk	Carelon Medical Benefits Management or Anthem	ANC.00009, CG-SURG-71, CG-SURG-88, CG-SURG-99, SURG.00023	
15878	Suction assisted lipectomy; upper extremity	Anthem	ANC.00009	
15879	Suction assisted lipectomy; lower extremity	Anthem	ANC.00009	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Carelon Medical Benefits Management or Anthem	ANC.00007	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Carelon Medical Benefits Management or Anthem	ANC.00007	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Carelon Medical Benefits Management or Anthem	ANC.00007	
17380	Electrolysis epilation, each 30 minutes	Carelon Medical Benefits Management or Anthem	ANC.00007	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Carelon Medical Benefits Management or Anthem	CG-SURG-61	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
19300	Mastectomy for gynecomastia	Carelon Medical Benefits Management or Anthem	CG-SURG-88	
19303	Mastectomy , simple, complete	Anthem	MCG: ISC: W0023-RRG: Mastectomy, Complete, with Tissue Flap Reconstruction RRG, GRG: GG-FMMF: Gender-Affirming Surgery or Procedure GRG, ISC: W0002: Mastectomy, Complete, ISC: W0002-RRG: Mastectomy, Complete RRG, ISC: W0022: Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander , ISC: W0022-RRG: Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander RRG, ISC: W0023: Mastectomy, Complete, with Tissue Flap Reconstruction , RFC: S-5858: Mastectomy	
19316	Mastopexy	Anthem	SURG.00023	
19318	Breast reduction	Carelon Medical Benefits Management or Anthem	CG-SURG-71, SURG.00023	

Code	Code description	Responsible party	Criteria/Guideline	Comments
19325	Breast augmentation with implant	Anthem	SURG.00023	
19328	Removal of intact breast implant	Anthem	SURG.00023	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Anthem	SURG.00023	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Anthem	SURG.00023	
19342	Insertion or replacement of breast implant on separate day from mastectomy	Anthem	SURG.00023	
19350	Nipple/areola reconstruction	Anthem	SURG.00023	
19355	Correction of inverted nipples	Anthem	SURG.00023	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Anthem	SURG.00023	
19361	Breast reconstruction; with latissimus dorsi flap	Anthem	SURG.00023	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Anthem	SURG.00023	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Anthem	SURG.00023	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Anthem	SURG.00023	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Anthem	SURG.00023	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Anthem	SURG.00023	
19396	Preparation of moulage for custom breast implant	Anthem	SURG.00023	

Code	Code description	Responsible party	Criteria/Guideline	Comments
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
20561	Needle insertion(s) without injection(s); 3 or more muscles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery, Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery, Spine Surgery	
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery, Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Carelon Medical Benefits Management	CG-DME-40	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Carelon Medical Benefits Management or Anthem	CG-DME-45	
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	Carelon Medical Benefits Management or Anthem	CG-SURG-61	

Code	Code description	Responsible party	Criteria/Guideline	Comments
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
21010	Arthrotomy, temporomandibular joint	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21050	Condylectomy, temporomandibular joint (separate procedure)	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21083	Impression and custom preparation; palatal lift prosthesis	Anthem	ANC.00008	
21086	Impression and custom preparation; auricular prosthesis	Anthem	ANC.00008	
21087	Impression and custom preparation; nasal prosthesis	Anthem	ANC.00008	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21116	Injection procedure for temporomandibular joint arthrography	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21121	Genioplasty; sliding osteotomy, single piece	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21125	Augmentation, mandibular body or angle; prosthetic material	Carelon Medical Benefits Management or Anthem	CG-SURG-84	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21137	Reduction forehead; contouring only	Anthem	ANC.00008	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Anthem	ANC.00008	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Anthem	ANC.00008	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Anthem	CG-SURG-84	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Anthem	CG-SURG-84	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Anthem	CG-SURG-84	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Anthem	CG-SURG-84	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Anthem	ANC.00008	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Anthem	ANC.00008	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Anthem	ANC.00008	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Anthem	ANC.00008	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Anthem	ANC.00008	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Anthem	ANC.00008	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Anthem	ANC.00008	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Anthem	ANC.00008	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Anthem	ANC.00008	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Anthem	CG-SURG-84	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
21198	Osteotomy, mandible, segmental;	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21209	Osteoplasty, facial bones; reduction	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Carelon Medical Benefits Management or Anthem	ANC.00008, CG-SURG-09, CG-SURG-84	
21215	Graft, bone; mandible (includes obtaining graft)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Anthem	ANC.00008	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Anthem	ANC.00008	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21242	Arthroplasty, temporomandibular joint, with allograft	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Anthem	CG-SURG-84	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Anthem	ANC.00008	

Code	Code description	Responsible party	Criteria/Guideline	Comments
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia)	Anthem	ANC.00008	
21270	Malar augmentation, prosthetic material	Anthem	ANC.00008	
21275	Secondary revision of orbitocraniofacial reconstruction	Anthem	ANC.00008	
21685	Hyoid myotomy and suspension	Carelon Medical Benefits Management or Anthem	SURG.00129	
21740	Reconstructive repair of pectus excavatum or carinatum; open	Anthem	ANC.00009	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Anthem	ANC.00009	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Anthem	ANC.00009	
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Carelon Medical Benefits Management or Anthem	SURG.00120	
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Carelon Medical Benefits Management or Anthem	SURG.00120	
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Carelon Medical Benefits Management or Anthem	SURG.00120	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22505	Manipulation of spine requiring anesthesia, any region	Carelon Medical Benefits Management or Anthem	CG-MED-65	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Carelon Medical Benefits Management or Anthem	SURG.00052	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00052	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Carelon Medical Benefits Management or Anthem	SURG.00111	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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, lumbar;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22830	Exploration of spinal fusion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Anthem	SURG.00097	
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Anthem	SURG.00097	
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Anthem	SURG.00097	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22849	Reinsertion of spinal fixation device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22852	Removal of posterior segmental instrumentation	Anthem	MCG: ISC: S-530: Removal of Posterior Spinal Instrumentation, ISC: S-530-RRG: Removal of Posterior Spinal Instrumentation RRG	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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 defect (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Carelon Medical Benefits Management or Anthem	SURG.00092	
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)	Carelon Medical Benefits Management	SURG.00092	

Code	Code description	Responsible party	Criteria/Guideline	Comments
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Carelon Medical Benefits Management or Anthem	SURG.00092	
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)	Carelon Medical Benefits Management	SURG.00092	
23105	Arthrotomy, glenohumeral joint, with synovectomy, with or without biopsy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23120	Claviclectomy; partial	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23415	Coracoacromial ligament release, with or without acromioplasty	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23430	Tenodesis of long tendon of biceps	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23440	Resection or transplantation of long tendon of biceps	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23460	Capsulorrhaphy, anterior, any type; with bone block	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
24300	Manipulation, elbow, under anesthesia	Carelon Medical Benefits Management or Anthem	CG-MED-65	
25259	Manipulation, wrist, under anesthesia	Carelon Medical Benefits Management or Anthem	CG-MED-65	
26340	Manipulation, finger joint, under anesthesia, each joint	Carelon Medical Benefits Management or Anthem	CG-MED-65	
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type);	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27275	Manipulation, hip joint, requiring general anesthesia	Carelon Medical Benefits Management or Anthem	CG-MED-65	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sacroiliac Joint Fusion	
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery , Site of Care for Surgical Procedures	
27403	Arthrotomy with meniscus repair, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27412	Autologous chondrocyte implantation, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27415	Osteochondral allograft, knee, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27425	Lateral retinacular release, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27437	Arthroplasty, patella; without prosthesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27438	Arthroplasty, patella; with prosthesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27440	Arthroplasty, knee, tibial plateau;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
27702	Arthroplasty, ankle; with implant (total ankle)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
27703	Arthroplasty, ankle; revision, total ankle	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
27704	Removal of ankle implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	Carelon Medical Benefits Management or Anthem	CG-MED-65	
27870	Arthrodesis, ankle, open	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28315	Sesamoidectomy, first toe (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28446	Open osteochondral autograft, talus (includes obtaining grafts)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
28750	Arthrodesis, great toe; metatarsophalangeal joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Small Joint Surgery	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Carelon Medical Benefits Management or Anthem	SURG.00045	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
29804	Arthroscopy, temporomandibular joint, surgical	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29863	Arthroscopy, hip, surgical; with synovectomy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29873	Arthroscopy, knee, surgical; with lateral release	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
29916	Arthroscopy, hip, surgical; with labral repair	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
30120	Excision or surgical planing of skin of nose for rhinophyma	Anthem	ANC.00008	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Anthem	ANC.00008	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Anthem	ANC.00008	
30420	Rhinoplasty, primary; including major septal repair	Anthem	ANC.00008	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Anthem	ANC.00008	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Anthem	ANC.00008	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Anthem	ANC.00008	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Carelon Medical Benefits Management or Anthem	SURG.00079	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Carelon Medical Benefits Management or Anthem	SURG.00079	
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Carelon Medical Benefits Management or Anthem	SURG.00157	
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Carelon Medical Benefits Management or Anthem	SURG.00157	

Code	Code description	Responsible party	Criteria/Guideline	Comments
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Carelon Medical Benefits Management or Anthem	MED.00132, SURG.00011	
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Carelon Medical Benefits Management or Anthem	SURG.00118	
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Carelon Medical Benefits Management or Anthem	SURG.00118	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
32851	Lung transplant, single; without cardiopulmonary bypass	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
32852	Lung transplant, single; with cardiopulmonary bypass	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	Anthem	SURG.00019	
33202	Insertion of epicardial electrodes(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Carelon Medical Benefits Management or Anthem	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	
33203	endoscopic approach (eg, thoracoscopy, pericardioscopy)	Carelon Medical Benefits Management or Anthem	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Permanent Implantable Pacemakers	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33212	Insertion of pacemaker pulse generator only; with existing single lead	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Permanent Implantable Pacemakers	
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators, Permanent Implantable Pacemakers	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Permanent Implantable Pacemakers	
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators, Permanent Implantable Pacemakers	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators, Permanent Implantable Pacemakers	
33222	Relocation of skin pocket for pacemaker	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Permanent Implantable Pacemakers	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
33233	Removal of permanent pacemaker pulse generator only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Implantable Cardioverter Defibrillators	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Implantable Cardioverter Defibrillators	
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Implantable Cardioverter Defibrillators	
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Anthem	SURG.00032	
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Anthem	SURG.00032	
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33271	Insertion of subcutaneous implantable defibrillator electrode	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Carelon Medical Benefits Management or Anthem	CG-MED-79	
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Carelon Medical Benefits Management or Anthem	CG-MED-79	
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Carelon Medical Benefits Management or Anthem	CG-MED-79	
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Carelon Medical Benefits Management or Anthem	CG-MED-79	
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Carelon Medical Benefits Management or Anthem	CG-MED-79	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Carelon Medical Benefits Management or Anthem	CG-MED-74	
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Carelon Medical Benefits Management or Anthem	CG-MED-79	
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Carelon Medical Benefits Management or Anthem	CG-MED-79	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Carelon Medical Benefits Management or Anthem	MED.00115	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Anthem	SURG.00032	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Anthem	SURG.00121	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Anthem	SURG.00121	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Anthem	SURG.00121	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Anthem	SURG.00121	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Anthem	SURG.00121	
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Anthem	SURG.00121	
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	Anthem	SURG.00121	
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Anthem	SURG.00121	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	Anthem	SURG.00005	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Anthem	SURG.00145	
33928	Removal and replacement of total replacement heart system (artificial heart)	Anthem	SURG.00145	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	Anthem	TRANS.00026	Contact Anthem Transplant unit at 888-574-7215
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	Anthem	TRANS.00026	Contact Anthem Transplant unit at 888-574-7215
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Anthem	TRANS.00026	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
33940	Donor cardiectomy (including cold preservation)	Anthem	TRANS.00033	Contact Anthem Transplant unit at 888-574-7215
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	Anthem	TRANS.00033	Contact Anthem Transplant unit at 888-574-7215
33945	Heart transplant, with or without recipient cardiectomy	Anthem	TRANS.00033	Contact Anthem Transplant unit at 888-574-7215
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Anthem	SURG.00145	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Anthem	SURG.00145	
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	Anthem	SURG.00145	
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Anthem	SURG.00145	
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Anthem	SURG.00145	
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Anthem	SURG.00145	
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	Anthem	SURG.00145	
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	Anthem	SURG.00145	

Code	Code description	Responsible party	Criteria/Guideline	Comments
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	Anthem	SURG.00145	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Anthem	SURG.00145	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Carelon Medical Benefits Management or Anthem	ANC.00007, CG-SURG-119	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Carelon Medical Benefits Management or Anthem	CG-SURG-119	

Code	Code description	Responsible party	Criteria/Guideline	Comments
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
36511	Therapeutic apheresis; for white blood cells	Carelon Medical Benefits Management or Anthem	CG-MED-68	
36512	Therapeutic apheresis; for red blood cells	Carelon Medical Benefits Management or Anthem	CG-MED-68	
36513	Therapeutic apheresis; for platelets	Carelon Medical Benefits Management or Anthem	CG-MED-68	
36514	Therapeutic apheresis; for plasma pheresis	Carelon Medical Benefits Management or Anthem	CG-MED-68	
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	Carelon Medical Benefits Management or Anthem	CG-MED-68	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	

Code	Code description	Responsible party	Criteria/Guideline	Comments
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	

Code	Code description	Responsible party	Criteria/Guideline	Comments
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Carelon Medical Benefits Management or Anthem	CG-SURG-119, SURG.00062	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Carelon Medical Benefits Management or Anthem	CG-SURG-83, SURG.00142	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Carelon Medical Benefits Management or Anthem	CG-SURG-28, RAD.00059	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Anthem	MED.00140, MED.00142, MED.00146, MED.00148, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
38230	Bone marrow harvesting for transplantation; allogeneic	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
38232	Bone marrow harvesting for transplantation; autologous	Anthem	MED.00140, MED.00142, MED.00146, MED.00148, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034, TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Anthem	TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Anthem	MED.00140, MED.00142, MED.00146, MED.00148, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
38242	Allogeneic lymphocyte infusions	Anthem	CG-TRANS-03	Contact Anthem Transplant unit at 888-574-7215
38243	Hematopoietic progenitor cell (HPC); HPC boost	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
41512	Tongue base suspension, permanent suture technique	Carelon Medical Benefits Management or Anthem	SURG.00129	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Carelon Medical Benefits Management or Anthem	SURG.00129	

Code	Code description	Responsible party	Criteria/Guideline	Comments
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Carelon Medical Benefits Management or Anthem	SURG.00129	
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	Carelon Medical Benefits Management or Anthem	SURG.00047	
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Carelon Medical Benefits Management or Anthem	SURG.00047	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Carelon Medical Benefits Management or Anthem	SURG.00047	
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Carelon Medical Benefits Management or Anthem	CG-SURG-101	
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Carelon Medical Benefits Management or Anthem	CG-MED-59, SURG.00047; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Carelon Medical Benefits Management or Anthem	SURG.00047	
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Carelon Medical Benefits Management	CG-MED-59; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Carelon Medical Benefits Management	CG-MED-59, CG-SURG-101; Carelon Medical Benefits Management: Site of Care for Surgical Procedures	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Carelon Medical Benefits Management	CG-SURG-92	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Carelon Medical Benefits Management	CG-SURG-92	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Carelon Medical Benefits Management or Anthem	SURG.00131	
43285	Removal of esophageal sphincter augmentation device	Carelon Medical Benefits Management or Anthem	SURG.00131	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Carelon Medical Benefits Management or Anthem	CG-SURG-83	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Carelon Medical Benefits Management or Anthem	SURG.00047	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Anthem	CG-SURG-83	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Anthem	CG-SURG-83	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Anthem	CG-SURG-83	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Anthem	CG-SURG-83	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Anthem	CG-SURG-83	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Anthem	CG-SURG-83	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Anthem	CG-SURG-83	

Code	Code description	Responsible party	Criteria/Guideline	Comments
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Anthem	CG-SURG-83	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Anthem	CG-SURG-83	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Anthem	CG-SURG-83	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Anthem	CG-SURG-83	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Carelon Medical Benefits Management or Anthem	CG-SURG-83	
43999	Unlisted procedure, stomach	Anthem	CG-SURG-83, SURG.00047	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
44135	Intestinal allotransplantation; from cadaver donor	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
44136	Intestinal allotransplantation; from living donor	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Carelon Medical Benefits Management or Anthem	SURG.00011	
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Carelon Medical Benefits Management or Anthem	SURG.00141	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	Anthem	TRANS.00008	Contact Anthem Transplant unit at 888-574-7215
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	Anthem	TRANS.00008	Contact Anthem Transplant unit at 888-574-7215
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Anthem	TRANS.00008	Contact Anthem Transplant unit at 888-574-7215
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	Anthem	TRANS.00008	Contact Anthem Transplant unit at 888-574-7215
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Anthem	TRANS.00008	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	Anthem	TRANS.00008, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	Anthem	TRANS.00008, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	Anthem	TRANS.00008, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Anthem	TRANS.00008, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	Anthem	TRANS.00008, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Anthem	TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	Anthem	TRANS.00011, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Anthem	TRANS.00011, TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
48554	Transplantation of pancreatic allograft	Anthem	TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
48556	Removal of transplanted pancreatic allograft	Anthem	TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
49906	Free omental flap with microvascular anastomosis	Anthem	SURG.00154	
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	Anthem	CG-SURG-61	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50320	Donor nephrectomy (including cold preservation); open, from living donor	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50340	Recipient nephrectomy (separate procedure)	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50370	Removal of transplanted renal allograft	Anthem	MCG: ISC: S-870: Nephrectomy, ISC: S-870-RRG: Nephrectomy RRG	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	Carelon Medical Benefits Management or Anthem	CG-SURG-61	

Code	Code description	Responsible party	Criteria/Guideline	Comments
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Anthem	CG-TRANS-02, TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
50593	Ablation, renal tumor(s), unilateral, presutaneous cryotherapy	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Carelon Medical Benefits Management or Anthem	SURG.00010	
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	Carelon Medical Benefits Management or Anthem	SURG.00010	
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Carelon Medical Benefits Management or Anthem	SURG.00010	
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	Carelon Medical Benefits Management or Anthem	SURG.00010	
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	Anthem	SURG.00010	
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Carelon Medical Benefits Management or Anthem	SURG.00010	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Carelon Medical Benefits Management or Anthem	SURG.00010	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Carelon Medical Benefits Management or Anthem	SURG.00010	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Carelon Medical Benefits Management or Anthem	SURG.00010	

Code	Code description	Responsible party	Criteria/Guideline	Comments
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Carelon Medical Benefits Management or Anthem	SURG.00010	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Carelon Medical Benefits Management or Anthem	SURG.00010	
54125	Amputation of penis; complete	Anthem	MCG Guidelines	
54360	Plastic operation on penis to correct angulation	Anthem	ANC.00009	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Carelon Medical Benefits Management or Anthem	CG-SURG-12	
54401	Insertion of penile prosthesis; inflatable (self-contained)	Carelon Medical Benefits Management or Anthem	CG-SURG-12	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Carelon Medical Benefits Management or Anthem	CG-SURG-12	
54440	Plastic operation of penis for injury	Anthem	ANC.00009	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Anthem	MCG Guidelines	
54660	Insertion of testicular prosthesis (separate procedure)	Anthem	MCG Guidelines	
54690	Laparoscopy, surgical; orchiectomy	Anthem	MCG Guidelines	
55180	Scrotoplasty; complicated	Anthem	MCG Guidelines	
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Carelon Medical Benefits Management or Anthem	SURG.00107	
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	

Code	Code description	Responsible party	Criteria/Guideline	Comments
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	Carelon Medical Benefits Management or Anthem	CG-SURG-61	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Perirectal Hydrogel Spacer for Prostate Radiotherapy	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
56625	Vulvectomy simple; complete	Anthem	MCG Guidelines	
56800	Plastic repair of introitus	Anthem	ANC.00009	
56805	Clitoroplasty for intersex state	Anthem	ANC.00009	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Anthem	ANC.00009	
57110	Vaginectomy, complete removal of vaginal wall;	Anthem	MCG Guidelines	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Anthem	MCG Guidelines	
57270	Repair of enterocele, abdominal approach (separate procedure)	Anthem	MCG Guidelines	
57280	Colpopexy, abdominal approach	Anthem	MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	Anthem	MCG Guidelines	
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	Anthem	MCG Guidelines	
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	Anthem	MCG Guidelines	
57291	Construction of artificial vagina; without graft	Anthem	ANC.00009	
57292	Construction of artificial vagina; with graft	Anthem	ANC.00009	
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	Anthem	MCG Guidelines	
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Anthem	MCG Guidelines	
57335	Vaginoplasty for intersex state	Anthem	ANC.00009	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Anthem	MCG Guidelines	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Anthem	MCG Guidelines	
58346	Insertion of Heyman capsules for clinical brachytherapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Anthem	MCG Guidelines	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Anthem	MCG Guidelines	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;with removal of tube(s) and/or ovary (s)	Anthem	MCG Guidelines	
58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g	Anthem	MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)	Anthem	MCG Guidelines	
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Carelon Medical Benefits Management or Anthem	SURG.00077	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Carelon Medical Benefits Management or Anthem	SURG.00077	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Anthem	CG-SURG-61	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Anthem	CG-SURG-61	
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	Carelon Medical Benefits Management	CG-SURG-89	
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	Carelon Medical Benefits Management	CG-SURG-89	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Anthem	SURG.00026	

Code	Code description	Responsible party	Criteria/Guideline	Comments
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Anthem	SURG.00026	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Anthem	SURG.00026	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Anthem	SURG.00026	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Anthem	CG-SURG-120, SURG.00026, SURG.00112	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Anthem	SURG.00026	
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Anthem	SURG.00026	
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Anthem	SURG.00026	

Code	Code description	Responsible party	Criteria/Guideline	Comments
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Carelon Medical Benefits Management or Anthem	SURG.00072	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Carelon Medical Benefits Management or Anthem	SURG.00072	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Carelon Medical Benefits Management or Anthem	SURG.00072	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Carelon Medical Benefits Management or Anthem	SURG.00072	
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	Carelon Medical Benefits Management or Anthem	SURG.00071	
62290	Injection procedure for discography, each level; lumbar	Carelon Medical Benefits Management	CG-SURG-29	
62291	Injection procedure for discography, each level; cervical or thoracic	Carelon Medical Benefits Management or Anthem	RAD.00053	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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	Carelon Medical Benefits Management or Anthem	SURG.00071	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63185	Laminectomy with rhizotomy; 1 or 2 segments	Carelon Medical Benefits Management	CG-SURG-08; Carelon Medical Benefits Management: Spine Surgery	
63190	Laminectomy with rhizotomy; more than 2 segments	Carelon Medical Benefits Management	CG-SURG-08; Carelon Medical Benefits Management: Spine Surgery	
63191	Laminectomy with section of spinal accessory nerve	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63200	Laminectomy, with release of tethered spinal cord, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Carelon Medical Benefits Management or Anthem	CG-SURG-08; Carelon Medical Benefits Management: Interventional Pain Management	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Carelon Medical Benefits Management or Anthem	SURG.00144	
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	SURG.00140	
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	SURG.00140	
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	SURG.00140	
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Carelon Medical Benefits Management or Anthem	SURG.00140, SURG.00144	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	SURG.00142	
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64505	Injection, anesthetic agent; sphenopalatine ganglion	Anthem	SURG.00144	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Carelon Medical Benefits Management or Anthem	SURG.00140; Carelon Medical Benefits Management: Interventional Pain Management	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Carelon Medical Benefits Management or Anthem	CG-SURG-116, SURG.00140; Carelon Medical Benefits Management: Interventional Pain Management	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Carelon Medical Benefits Management or Anthem	CG-SURG-120, SURG.00112	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Carelon Medical Benefits Management or Anthem	SURG.00112, SURG.00158	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Carelon Medical Benefits Management or Anthem	CG-SURG-120, SURG.00112, SURG.00129	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Carelon Medical Benefits Management or Anthem	CG-SURG-120, SURG.00112	

Code	Code description	Responsible party	Criteria/Guideline	Comments
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Carelon Medical Benefits Management or Anthem	CG-MED-79, SURG.00112, SURG.00158	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Carelon Medical Benefits Management or Anthem	SURG.00129	
64585	Revision or removal of peripheral neurostimulator electrode array	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Carelon Medical Benefits Management or Anthem	CG-MED-79, CG-SURG-95, SURG.00112, SURG.00158	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Carelon Medical Benefits Management or Anthem	SURG.00158	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Carelon Medical Benefits Management	CG-SURG-89	
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	Carelon Medical Benefits Management	CG-SURG-89	
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	Carelon Medical Benefits Management	CG-SURG-89	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Carelon Medical Benefits Management or Anthem	SURG.00142	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Carelon Medical Benefits Management or Anthem	SURG.00096, SURG.00100	
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Anthem	CC-0032; MCG Guidelines	
64644	Chemodenervation of one extremity; 5 or more muscle(s)	Anthem	CC-0032; MCG Guidelines	
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Anthem	CC-0032; MCG Guidelines	
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	Anthem	CC-0032; MCG Guidelines	
64650	Chemodenervation of eccrine glands; both axillae	Anthem	CC-0032; MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	Anthem	CC-0032; MCG Guidelines	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Carelon Medical Benefits Management or Anthem	ANC.00008, SURG.00096	
64722	Decompression; unspecified nerve(s) (specify)	Carelon Medical Benefits Management or Anthem	SURG.00096	
64732	Transection or avulsion of; supraorbital nerve	Carelon Medical Benefits Management or Anthem	ANC.00008, SURG.00096	
64734	Transection or avulsion of; infraorbital nerve	Carelon Medical Benefits Management or Anthem	ANC.00008, SURG.00096	
64736	Transection or avulsion of; mental nerve	Anthem	ANC.00008	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Anthem	ANC.00008	
64740	Transection or avulsion of; lingual nerve	Anthem	ANC.00008	
64742	Transection or avulsion of; facial nerve, differential or complete	Anthem	ANC.00008	
64744	Transection or avulsion of; greater occipital nerve	Carelon Medical Benefits Management or Anthem	SURG.00096	
64771	Transection or avulsion of other cranial nerve, extradural	Carelon Medical Benefits Management or Anthem	SURG.00096	
64772	Transection or avulsion of other spinal nerve, extradural	Carelon Medical Benefits Management or Anthem	SURG.00096	
64864	Suture of facial nerve; extracranial	Anthem	ANC.00008	
64865	Suture of facial nerve; infratemporal, with or without grafting	Anthem	ANC.00008	
64866	Anastomosis; facial-spinal accessory	Anthem	ANC.00008	
64868	Anastomosis; facial-hypoglossal	Anthem	ANC.00008	
65778	Placement of amniotic membrane on the ocular surface; without sutures	Carelon Medical Benefits Management or Anthem	SURG.00011	
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Carelon Medical Benefits Management or Anthem	SURG.00011	
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Carelon Medical Benefits Management or Anthem	SURG.00011	
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Carelon Medical Benefits Management or Anthem	SURG.00095	
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Carelon Medical Benefits Management or Anthem	SURG.00095	

Code	Code description	Responsible party	Criteria/Guideline	Comments
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Carelon Medical Benefits Management or Anthem	CG-SURG-118	
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Carelon Medical Benefits Management or Anthem	CG-SURG-118	
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Carelon Medical Benefits Management or Anthem	CG-SURG-118	
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	Carelon Medical Benefits Management or Anthem	SURG.00160	
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Carelon Medical Benefits Management or Anthem	CG-SURG-03, SURG.00096	

Code	Code description	Responsible party	Criteria/Guideline	Comments
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Carelon Medical Benefits Management or Anthem	CG-SURG-03	
69090	Ear piercing	Anthem	ANC.00008	
69300	Otoplasty, protruding ear, with or without size reduction	Anthem	ANC.00008	
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Carelon Medical Benefits Management or Anthem	CG-SURG-82	

Code	Code description	Responsible party	Criteria/Guideline	Comments
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
69930	Cochlear device implantation, with or without mastoidectomy	Carelon Medical Benefits Management or Anthem	CG-SURG-81	
69955	Total facial nerve decompression and/or repair (may include graft)	Anthem	ANC.00008	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70450	Computed tomography, head or brain; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70460	Computed tomography, head or brain; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	

Code	Code description	Responsible party	Criteria/Guideline	Comments
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70486	Computed tomography, maxillofacial area; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70487	Computed tomography, maxillofacial area; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70490	Computed tomography, soft tissue neck; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70491	Computed tomography, soft tissue neck; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	

Code	Code description	Responsible party	Criteria/Guideline	Comments
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Head and Neck	
70544	Magnetic resonance angiography, head; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70545	Magnetic resonance angiography, head; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70547	Magnetic resonance angiography, neck; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70548	Magnetic resonance angiography, neck; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	

Code	Code description	Responsible party	Criteria/Guideline	Comments
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
71250	Computed tomography, thorax, diagnostic; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	

Code	Code description	Responsible party	Criteria/Guideline	Comments
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
72125	Computed tomography, cervical spine; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72126	Computed tomography, cervical spine; with contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72128	Computed tomography, thoracic spine; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72129	Computed tomography, thoracic spine; with contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72131	Computed tomography, lumbar spine; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72132	Computed tomography, lumbar spine; with contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	

Code	Code description	Responsible party	Criteria/Guideline	Comments
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
72192	Computed tomography, pelvis; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
72193	Computed tomography, pelvis; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	

Code	Code description	Responsible party	Criteria/Guideline	Comments
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Carelon Medical Benefits Management or Anthem	RAD.00053	
72295	Discography, lumbar, radiological supervision and interpretation	Carelon Medical Benefits Management	CG-SURG-29	
73200	Computed tomography, upper extremity; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73201	Computed tomography, upper extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	

Code	Code description	Responsible party	Criteria/Guideline	Comments
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
73700	Computed tomography, lower extremity; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73701	Computed tomography, lower extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	

Code	Code description	Responsible party	Criteria/Guideline	Comments
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Extremities	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
74150	Computed tomography, abdomen; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74160	Computed tomography, abdomen; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74174	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
74176	Computed tomography, abdomen and pelvis; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	

Code	Code description	Responsible party	Criteria/Guideline	Comments
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	

Code	Code description	Responsible party	Criteria/Guideline	Comments
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular imaging	

Code	Code description	Responsible party	Criteria/Guideline	Comments
76120	Cineradiography/videoradiography, except where specifically included	Carelon Medical Benefits Management or Anthem	RAD.00034	
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	Anthem	RAD.00038	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	Anthem	RAD.00038	
76390	Magnetic resonance spectroscopy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
76391	Magnetic resonance (eg, vibration) elastography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
76965	Ultrasonic guidance for interstitial radioelement application	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77014	Computed tomography guidance for placement of radiation therapy fields	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Spine	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Oncologic Imaging	
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	

Code	Code description	Responsible party	Criteria/Guideline	Comments
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
77370	Special medical radiation physics consultation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77402	Radiation treatment delivery, ≥ 1 MeV; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77407	Radiation treatment delivery, ≥ 1 MeV; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77412	Radiation treatment delivery, ≥ 1 MeV; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management or Anthem	THER-RAD.00008	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	
77469	Intraoperative radiation treatment management	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77520	Proton treatment delivery; simple, without compensation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy	
77522	Proton treatment delivery; simple, with compensation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy	
77523	Proton treatment delivery; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy	
77525	Proton treatment delivery; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy	
7761	Intracavitary radiation source application; simple	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	

Code	Code description	Responsible party	Criteria/Guideline	Comments
77762	Intracavitary radiation source application; intermediate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77763	Intracavitary radiation source application; complex	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Carelon Medical Benefits Management	CG-THER-RAD-07; Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Carelon Medical Benefits Management	CG-THER-RAD-07; Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Carelon Medical Benefits Management	CG-THER-RAD-07; Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
77790	Supervision, handling, loading of radiation source	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	

Code	Code description	Responsible party	Criteria/Guideline	Comments
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	

Code	Code description	Responsible party	Criteria/Guideline	Comments
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	

Code	Code description	Responsible party	Criteria/Guideline	Comments
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	

Code	Code description	Responsible party	Criteria/Guideline	Comments
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Brain	
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) or acquisition, single day imaging	Carelon Medical Benefits Management	Carelon Medical Benefits Management: SPECT Imaging	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
78813	Positron emission tomography (PET) imaging; whole body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	

Code	Code description	Responsible party	Criteria/Guideline	Comments
79101	Radiopharmaceutical therapy, by intravenous administration	Carelon Medical Benefits Management	CC-0112, CC-0118: MCG: GRG: W0074: Medical Oncology GRG	
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Carelon Medical Benefits Management	CC-0118: MCG: GRG: W0074: Medical Oncology GRG	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis; common variants (eg, E285A, Y231X)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing; Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing; Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing; Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis; common variants (eg, R83C, Q347X)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis; common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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])	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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 independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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 exons, regionally targeted cytogenomic array analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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 exons)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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 FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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 TGFB1, TGFB2, MYH11, and COL3A1	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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 of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Carrier Screening in the Reproductive Setting	
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, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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 genes, including KCNH2 and KCNQ1	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Pharmacogenomic Testing	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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, MLH1, MSH2, and STK11	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Hereditary Cancer Testing	
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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Carrier Screening in the Reproductive Setting	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
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)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
81479	Unlisted molecular pathology procedure	Carelon Medical Benefits Management	LAB.00025, LAB.00033; Carelon Medical Benefits Management: Carrier Screening in the Reproductive Setting	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Carelon Medical Benefits Management	LAB.00035	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing	
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Anthem	LAB.00019	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management	LAB.00003	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Carelon Medical Benefits Management	LAB.00011	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Somatic Tumor Testing	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Anthem	LAB.00024	
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	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
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	Anthem	LAB.00019	

Code	Code description	Responsible party	Criteria/Guideline	Comments
81599	Unlisted multianalyte assay with algorithmic analysis	Carelon Medical Benefits Management	LAB.00011, LAB.00016, LAB.00019, LAB.00024, LAB.00040; Carelon Medical Benefits Management: Somatic Tumor Testing	
82542	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase	Anthem	LAB.00051	
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	Anthem	LAB.00027	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	Anthem	LAB.00027	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	Anthem	LAB.00027, LAB.00046	
83921	Organic Acid, Single, Quantitative	Anthem	LAB.00051	
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	Anthem	LAB.00027	
86343	Leukocyte histamine release test (LHR)	Anthem	LAB.00027	
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	Anthem	LAB.00024	
86357	Natural killer (NK) cells, total count	Carelon Medical Benefits Management or Anthem	LAB.00045	
88356	Morphometric analysis; nerve	Anthem	CG-LAB-13	
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	Anthem	State mandates; member benefits	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	Anthem	State mandates; member benefits	
89253	Assisted embryo hatching, microtechniques (any method)	Anthem	State mandates; member benefits	
89254	Oocyte identification from follicular fluid	Anthem	State mandates; member benefits	
89255	Preparation of embryo for transfer (any method)	Anthem	State mandates; member benefits	

Code	Code description	Responsible party	Criteria/Guideline	Comments
89268	Insemination of oocytes	Anthem	State mandates; member benefits	
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	Anthem	State mandates; member benefits	
89329	Sperm evaluation; hamster penetration test	Carelon Medical Benefits Management or Anthem	LAB.00045	
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	Carelon Medical Benefits Management or Anthem	LAB.00045	
89344	Storage (per year); reproductive tissue, testicular/ovarian	Carelon Medical Benefits Management or Anthem	CG-MED-66	
89346	Storage (per year); oocyte(s)	Carelon Medical Benefits Management or Anthem	CG-MED-66	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Carelon Medical Benefits Management or Anthem	CG-MED-66	
89356	Thawing of cryopreserved; oocytes, each aliquot	Carelon Medical Benefits Management or Anthem	CG-MED-66	
90281	Immune globulin (Ig), human, for intramuscular use	Carelon Rx	CC-0003, CC-0039	
90283	Immune globulin (IgIV), human, for intravenous use	Carelon Rx	CC-0003	
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	Carelon Rx	CC-0003	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Carelon Rx	CC-0007	
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Carelon Rx	CC-0247	
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Carelon Rx	CC-0247	
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Anthem	MCG Guidelines	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Anthem	MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Anthem	MCG Guidelines	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	Anthem	CG-MED-97	
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	Anthem	CG-MED-97	
90901	Biofeedback training by any modality	Carelon Medical Benefits Management or Anthem	CG-MED-97	
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Carelon Medical Benefits Management or Anthem	CG-MED-97	
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-MED-97	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Carelon Medical Benefits Management or Anthem	MED.00090	

Code	Code description	Responsible party	Criteria/Guideline	Comments
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92524	Behavioral and qualitative analysis of voice and resonance	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92610	Evaluation of oral and pharyngeal swallowing function	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92630	Auditory rehabilitation; prelingual hearing loss	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
92633	Auditory rehabilitation; post-lingual hearing loss	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Carelon Medical Benefits Management or Anthem	CG-MED-79	
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Carelon Medical Benefits Management or Anthem	CG-MED-79	
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Carelon Medical Benefits Management or Anthem	CG-MED-79	
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Carelon Medical Benefits Management or Anthem	CG-MED-79	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	CG-MED-74	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	CG-MED-74	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	MED.00115	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	Carelon Medical Benefits Management or Anthem	SURG.00032, SURG.00096	
93600	Bundle of His recording	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93602	Intra-atrial recording	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93603	Right ventricular recording	Carelon Medical Benefits Management or Anthem	CG-SURG-55	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-SURG-55	
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-SURG-55	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-SURG-55	
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-SURG-55	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	Carelon Medical Benefits Management or Anthem	CG-SURG-55	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	Carelon Medical Benefits Management or Anthem	CG-SURG-55	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-SURG-55	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	Carelon Medical Benefits Management or Anthem	CG-MED-64	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-MED-64	
93701	Bioimpedance-derived physiologic cardiovascular analysis	Anthem	MED.00134	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Carelon Medical Benefits Management or Anthem	MED.00105	
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	Carelon Medical Benefits Management or Anthem	MED.00055	
93880	Duplex scan of extracranial arteries; complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93882	Duplex scan of extracranial arteries; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	

Code	Code description	Responsible party	Criteria/Guideline	Comments
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Vascular Imaging	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Carelon Medical Benefits Management or Anthem	MED.00002	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Carelon Medical Benefits Management or Anthem	MED.00092	
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	Carelon Medical Benefits Management	CG-MED-76	
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	Carelon Medical Benefits Management	CG-MED-76	
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	CG-MED-76	

Code	Code description	Responsible party	Criteria/Guideline	Comments
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	CG-SURG-120	
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Carelon Medical Benefits Management or Anthem	CG-SURG-120	
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Anthem	MED.00013; CC-0046	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Anthem	MED.00013	

Code	Code description	Responsible party	Criteria/Guideline	Comments
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Carelon Medical Benefits Management or Anthem	MED.00004	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Carelon Medical Benefits Management or Anthem	MED.00004	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Carelon Medical Benefits Management or Anthem	MED.00004	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Carelon Medical Benefits Management or Anthem	MED.00004	
97010	Application of a modality to 1 or more areas; hot or cold packs	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97012	Application of a modality to 1 or more areas; traction, mechanical	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97018	Application of a modality to 1 or more areas; paraffin bath	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97022	Application of a modality to 1 or more areas; whirlpool	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97026	Application of a modality to 1 or more areas; infrared	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97028	Application of a modality to 1 or more areas; ultraviolet	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97150	Therapeutic procedure(s), group (2 or more individuals)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.

Code	Code description	Responsible party	Criteria/Guideline	Comments
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.

Code	Code description	Responsible party	Criteria/Guideline	Comments
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97545	Work hardening/conditioning; initial 2 hours	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Anthem	MED.00096	

Code	Code description	Responsible party	Criteria/Guideline	Comments
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Carelon Medical Benefits Management or Anthem	CG-MED-73	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Anthem	CG-ANC-04	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Anthem	CG-ANC-04	
A0435	Fixed wing air mileage, per statute mile	Anthem	CG-ANC-04	
A0436	Rotary wing air mileage, per statute mile	Anthem	CG-ANC-04	
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	Anthem	CG-ANC-04	
A2001	InnovaMatrix AC, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2002	Mirragen Advanced Wound Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
A2004	XCelliStem, 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2005	Microlyte Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2006	NovoSorb SynPath dermal matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2007	Restrata, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2008	TheraGenesis, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2009	Symphony, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2010	Apis, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2011	Supra SDRM, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2012	SUPRATHEL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2013	InnovaMatrix FS, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2014	Omeza Collagen Matrix, per 100 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2015	Phoenix Wound Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2016	PermeaDerm B, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2017	PermeaDerm Glove, each	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2018	PermeaDerm C, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2019	Kerecis Omega3 MariGen Shield, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2020	AC5 Advanced Wound System (AC5)	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2021	NeoMatriX, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	Anthem	SURG.00011	
A2023	InnovaMatrix PD, 1 mg	Anthem	SURG.00011	
A2024	Resolve Matrix or XenoPatch, per sq cm	Anthem	SURG.00011	
A2025	Miro3D, per cu cm	Carelon Medical Benefits Management	SURG.00011	
A2026	Restrata MiniMatrix, 5 mg	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
A2027	Matriderm, per square centimeter	Anthem	SURG.00011	
A2028	Micromatrix flex, per mg	Anthem	SURG.00011	
A2029	Mirotract wound matrix sheet, per cubic centimeter	Anthem	SURG.00011	
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	Carelon Medical Benefits Management	SURG.00011	
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Anthem	SURG.00010	
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	Anthem	SURG.00010	
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Anthem	SURG.00158	
A4468	Exsufflation belt, includes all supplies and accessories	Anthem	DME.00046	
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Carelon Medical Benefits Management or Anthem	DME.00011	
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Anthem	DME.00011	
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Anthem	DME.00011	
A4575	Topical hyperbaric oxygen chamber, disposable	Anthem	CG-MED-73	
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	Anthem	DME.00011	
A4600	Sleeve for intermittent limb compression device, replacement only, each	Anthem	CG-DME-46	
A4604	Tubing with integrated heating element for use with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Anthem	DME.00012	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7030	Full face mask used with positive airway pressure device, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7031	Face mask interface, replacement for full face mask, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7032	Cushion for use on nasal mask interface, replacement only, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7035	Headgear used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7036	Chinstrap used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7037	Tubing used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7038	Filter, disposable, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	

Code	Code description	Responsible party	Criteria/Guideline	Comments
A7039	Filter, nondisposable, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7044	Oral interface used with positive airway pressure device, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
A9268	Programmer for transient, orally ingested capsule	Anthem	MED.00143	
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	Anthem	MED.00143	
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	Anthem	MED.00145	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Carelon Medical Benefits Management	CC-0118	
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	Carelon Medical Benefits Management or Anthem	CC-0118	
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	Carelon Medical Benefits Management or Anthem	RAD.00064	
A9590	Iodine I-131, iobenguane, 1 mCi	Carelon Medical Benefits Management	CC-0118	
A9606	Radium RA-223 dichloride, therapeutic, per UCI	Carelon Medical Benefits Management	CC-0112	
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	Carelon Medical Benefits Management	CC-0118	
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Carelon Medical Benefits Management or Anthem	CG-MED-89	

Code	Code description	Responsible party	Criteria/Guideline	Comments
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4185	Parenteral nutrition solution, not otherwise specified, 10 g lipids	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4187	Omegaven, 10 g lipids	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	Carelon Medical Benefits Management or Anthem	CG-MED-89	

Code	Code description	Responsible party	Criteria/Guideline	Comments
B4220	Parenteral nutrition supply kit; premix, per day	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4222	Parenteral nutrition supply kit; home mix, per day	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B4224	Parenteral nutrition administration kit, per day	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephrAmine, RenAmine - premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B9004	Parenteral nutrition infusion pump, portable	Carelon Medical Benefits Management or Anthem	CG-MED-89	
B9006	Parenteral nutrition infusion pump, stationary	Carelon Medical Benefits Management or Anthem	CG-MED-89	
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
C1714	Catheter, transluminal atherectomy, directional	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C1722	Cardioverter-defibrillator, single chamber (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
C1724	Catheter, transluminal atherectomy, rotational	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1726	Catheter, balloon dilatation, nonvascular	Carelon Medical Benefits Management	CG-SURG-73	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Anthem	SURG.00162	
C1753	Catheter, intravascular ultrasound	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1760	Closure device, vascular (implantable/insertable)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1761	Catheter, transluminal intravascular lithotripsy, coronary	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1764	Event recorder, cardiac (implantable)	Carelon Medical Benefits Management or Anthem	CG-MED-74	
C1767	Generator, neurostimulator (implantable), nonrechargeable	Anthem	CG-SURG-120, CG-SURG-95, SURG.00026, SURG.00112, SURG.00129, SURG.00158	
C1769	Guide wire	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1772	Infusion pump, programmable (implantable)	Carelon Medical Benefits Management	CG-SURG-79	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C1778	Lead, neurostimulator (implantable)	Anthem	CG-MED-79, CG-SURG-120, SURG.00026, SURG.00112, SURG.00129, SURG.00158	
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
C1786	Pacemaker, single chamber, rate-responsive (implantable)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
C1787	Patient programmer, neurostimulator	Anthem	SURG.00026, SURG.00129, SURG.00158	
C1789	Prosthesis, breast (implantable)	Anthem	SURG.00023	
C1813	Prosthesis, penile, inflatable	Carelon Medical Benefits Management or Anthem	CG-SURG-12	
C1815	Prosthesis, urinary sphincter (implantable)	Carelon Medical Benefits Management or Anthem	SURG.00010	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Carelon Medical Benefits Management or Anthem	CG-MED-79	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Anthem	CG-SURG-95, SURG.00026	
C1821	Interspinous process distraction device (implantable)	Carelon Medical Benefits Management or Anthem	SURG.00092	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Anthem	SURG.00026	
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Carelon Medical Benefits Management or Anthem	CG-MED-79	
C1824	Generator, cardiac contractility modulation (implantable)	Carelon Medical Benefits Management or Anthem	SURG.00153	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Carelon Medical Benefits Management or Anthem	SURG.00124	
C1832	Autograft suspension, including cell processing and application, and all system components	Carelon Medical Benefits Management	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Carelon Medical Benefits Management or Anthem	MED.00111	
C1839	Iris prosthesis	Carelon Medical Benefits Management	SURG.00156	
C1840	Lens, intraocular (telescopic)	Carelon Medical Benefits Management	CG-SURG-96	
C1874	Stent, coated/covered, with delivery system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1875	Stent, coated/covered, without delivery system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1876	Stent, noncoated/noncovered, with delivery system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1877	Stent, noncoated/noncovered, without delivery system	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1878	Material for vocal cord medialization, synthetic (implantable)	Carelon Medical Benefits Management or Anthem	MED.00132	
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Carelon Medical Benefits Management or Anthem	CG-SURG-95	
C1885	Catheter, transluminal angioplasty, laser	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1887	Catheter, guiding (may include infusion/perfusion capability)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C1891	Infusion pump, nonprogrammable, permanent (implantable)	Carelon Medical Benefits Management	CG-SURG-79	
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	
C2614	Probe, percutaneous lumbar discectomy	Anthem	SURG.00071	
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
C2621	Pacemaker, other than single or dual chamber (implantable)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Permanent Implantable Pacemakers	
C2622	Prosthesis, penile, noninflatable	Carelon Medical Benefits Management or Anthem	CG-SURG-12	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Carelon Medical Benefits Management or Anthem	MED.00115	
C2626	Infusion pump, nonprogrammable, temporary (implantable)	Carelon Medical Benefits Management or Anthem	CG-SURG-79	
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Carelon Medical Benefits Management or Anthem	SURG.00011	
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00011	
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00011	
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Carelon Medical Benefits Management or Anthem	SURG.00011	
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00011	
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Carelon Medical Benefits Management or Anthem	SURG.00011	
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	Carelon Medical Benefits Management	CG-SURG-93	
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	Carelon Medical Benefits Management	CG-SURG-93	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	Carelon Medical Benefits Management	CG-SURG-93	
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiograph	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report	Carelon Medical Benefits Management	CG-SURG-93	
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Endovascular Revascularization; MCG Guidelines	
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Diagnostic Coronary Angiography	
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Chest	
C9047	Injection, caplacizumab-yhdp, 1 mg	Carelon Rx	CC-0137	
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Carelon Medical Benefits Management	CC-0264	
C9170	Injection, tarlatamab-dlle, 1 mg	Carelon Medical Benefits Management	CC-0263	
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Anthem	MED.00135	
C9173	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Carelon Medical Benefits Management	CC-0002	
C9257	Injection, bevacizumab, 0.25 mg	Carelon Rx	CC-0072	
C9301	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Carelon Rx	CC-0272	
C9302	Injection, zanidatamab-hrii, 2 mg	Carelon Medical Benefits Management	CC-0275	
C9303	Injection, zolbetuximab-clzb, 1 mg	Carelon Medical Benefits Management	CC-0272	
C9304	Injection, marstacimab-hncq, 0.5 mg	Carelon Rx	CC-0149	
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9364	Porcine implant, Permacol, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
C9399	Unclassified drugs or biologicals	Carelon Rx, Carelon Medical Benefits Management, or Anthem	CC-0002, CC-0010, CC-0014, CC-0029, CC-0038, CC-0042, CC-0066, CC-0068, CC-0072, CC-0077, CC-0084, CC-0149, CC-0173, CC-0174, CC-0188, CC-0190, CC-0199, CC-0206, CC-0208, CC-0213, CC-0235, CC-0257, CC-0261, CC-0267, CC-0268, CC-0269, CC-0270, CC-0271	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Percutaneous Coronary Intervention	
C9727	Insertion of implants into the soft palate; minimum of 3 implants	Carelon Medical Benefits Management or Anthem	SURG.00129	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	Carelon Medical Benefits or Anthem	MED.00057	
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	Anthem	CG-SURG-61	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Anthem	RAD.00068	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Anthem	RAD.00068	
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	

Code	Code description	Responsible party	Criteria/Guideline	Comments
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Endovascular Revascularization	
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Anthem	CG-SURG-83	
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Anthem	CG-SURG-83	
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Anthem	SURG.00011	
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Anthem	RAD.00059	

Code	Code description	Responsible party	Criteria/Guideline	Comments
D7810	Open reduction of dislocation	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7820	Closed reduction of dislocation	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7830	Manipulation under anesthesia	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7840	Condylectomy	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7850	Surgical discectomy, with/without implant	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7852	Disc repair	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7854	Synovectomy	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7856	Myotomy	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7858	Joint reconstruction	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7860	Arthrotomy	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7865	Arthroplasty	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7870	Arthrocentesis	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7871	Nonarthroscopic lysis and lavage	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7873	Arthroscopy- surgical: lavage and lysis of adhesions	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7874	Arthroscopy- surgical: disc repositioning and stabilization	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7875	Arthroscopy- surgical: synovectomy	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7876	Arthroscopy- surgical: discectomy	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7877	Arthroscopy- surgical: debridement	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7880	Occlusal orthotic device, by report	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D7899	Unspecified TMD therapy, by report	Anthem	CG-SURG-09	
D7940	Osteoplasty - for orthognathic deformities	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	

Code	Code description	Responsible party	Criteria/Guideline	Comments
D7941	Osteotomy - mandibular rami	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
D7944	Osteotomy - segmented or subapical	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
D7945	Osteotomy - body of mandible	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
D7946	LeFort I (maxilla - total)	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
D7947	Lefort I (maxilla - segmented)	Carelon Medical Benefits Management or Anthem	CG-SURG-84, SURG.00129	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
D7949	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - with bone graft	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
D7995	Synthetic graft - mandible or facial bones, by report	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Carelon Medical Benefits Management or Anthem	CG-SURG-84	
D9222	Deep sedation/general anesthesia - first 15 minutes	Carelon Medical Benefits Management	CG-MED-41	
D9223	Deep sedation/general anesthesia - each 15 minute increments	Carelon Medical Benefits Management	CG-MED-41	
D9950	Occlusion analysis- mounted case	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D9951	Occlusal adjustment- limited	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
D9952	Occlusal adjustment- complete	Carelon Medical Benefits Management or Anthem	CG-SURG-09	
E0217	Water circulating heat pad with pump	Anthem	DME.00037	
E0218	Fluid circulating cold pad with pump, any type	Anthem	DME.00037	
E0236	Pump for water circulating pad	Anthem	DME.00037	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Anthem	DME.00012	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0481	Intrapulmonary percussive ventilation system and related accessories	Anthem	DME.00012	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Carelon Medical Benefits Management or Anthem	DME.00043	
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	Carelon Medical Benefits Management or Anthem	DME.00043	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Carelon Medical Benefits Management or Anthem	DME.00043	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Carelon Medical Benefits Management or Anthem	DME.00043	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Carelon Medical Benefits Management or Anthem	DME.00042	
E0561	Humidifier, non-heated, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0562	Humidifier, heated, used with positive airway pressure device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0601	Continuous positive airway pressure (CPAP) device	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Carelon Medical Benefits Management or Anthem	CG-MED-74	
E0650	Pneumatic compressor, nonsegmental home model	Anthem	CG-DME-06, CG-DME-46	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Anthem	CG-DME-06, CG-DME-46	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Anthem	CG-DME-06, CG-DME-46	
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	Anthem	CG-DME-06, CG-DME-46	
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem	CG-DME-06, CG-DME-46	
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem	CG-DME-06, CG-DME-46	
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem	CG-DME-06, CG-DME-46	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Anthem	CG-DME-06, CG-DME-46	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Anthem	CG-DME-06, CG-DME-46	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Anthem	CG-DME-06, CG-DME-46	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	Anthem	CG-DME-06, CG-DME-46	
E0671	Segmental gradient pressure pneumatic appliance, full leg	Anthem	CG-DME-06, CG-DME-46	
E0672	Segmental gradient pressure pneumatic appliance, full arm	Anthem	CG-DME-06, CG-DME-46	
E0673	Segmental gradient pressure pneumatic appliance, half leg	Anthem	CG-DME-06, CG-DME-46	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Anthem	CG-DME-46, DME.00037	
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Anthem	DME.00011	
E0732	Cranial electrotherapy stimulation (CES) system, any type	Carelon Medical Benefits Management or Anthem	DME.00011	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Anthem	DME.00049	
E0735	Noninvasive vagus nerve stimulator	Carelon Medical Benefits Management or Anthem	CG-SURG-120	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	Anthem	DME.00052	
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Anthem	DME.00011	
E0745	Neuromuscular stimulator, electronic shock unit	Anthem	DME.00022	
E0746	Electromyography (EMG), biofeedback device	Anthem	CG-MED-97, MED.00130	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Spine Surgery	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Anthem	CG-DME-45	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Anthem	DME.00011	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Anthem	DME.00011	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Anthem	DME.00022	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Anthem	DME.00011	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Anthem	DME.00022	
E0986	Manual wheelchair accessory, push-rim activated power assist system	Anthem	CG-DME-31	
E1002	Wheelchair accessory, power seating system, tilt only	Anthem	CG-DME-31	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Anthem	CG-DME-31	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Anthem	CG-DME-31	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Anthem	CG-DME-31	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Anthem	CG-DME-31	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Anthem	CG-DME-31	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Anthem	CG-DME-31	
E1700	Jaw motion rehabilitation system	Anthem	CG-SURG-09	
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	Anthem	CG-SURG-09	
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	Anthem	CG-SURG-09	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Anthem	DME.00038	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	

Code	Code description	Responsible party	Criteria/Guideline	Comments
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Anthem	DME.00038	
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	Carelon Medical Benefits Management or Anthem	DME.00048	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Anthem	CG-DME-31	
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Anthem	CG-BEH-15	
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Carelon Medical Benefits Management or Anthem	MED.00082, MED.00092	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Interventional Pain Management	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Carelon Medical Benefits Management or Anthem	CG-MED-73	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	Carelon Medical Benefits Management	CG-MED-41	
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
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 five sessions per course of treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Sleep Disorder Management	
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Anthem	SURG.00011	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	Carelon Medical Benefits Management or Anthem	MED.00132	
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Cardiac Resynchronization Therapy	
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	Anthem	TRANS.00035	Contact Anthem Transplant unit at 888-574-7215
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	Carelon Rx	CC-0086	
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	Carelon Rx	CC-0086	
G6001	Ultrasonic guidance for placement of radiation therapy fields	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	

Code	Code description	Responsible party	Criteria/Guideline	Comments
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 mev or greater	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	

Code	Code description	Responsible party	Criteria/Guideline	Comments
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Pharmacogenomic Testing	
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
H0004	Behavioral health counseling and therapy, per 15 minutes	Carelon Medical Benefits Management or Anthem	CG-BEH-14	
H0006	Alcohol and/or drug services; case management	Carelon Medical Benefits Management or Anthem	CG-BEH-14	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.

Code	Code description	Responsible party	Criteria/Guideline	Comments
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Carelon Medical Benefits Management or Anthem	CG-BEH-14	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H0038	Self-help/peer services, per 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H0039	Assertive community treatment, face-to-face, per 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H0040	Assertive community treatment program, per diem	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H2014	Skills training and development, per 15 minutes	Anthem	MCG Guidelines	

Code	Code description	Responsible party	Criteria/Guideline	Comments
H2019	Therapeutic behavioral services, per 15 minutes	Anthem	CG-BEH-14	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H2020	Therapeutic behavioral services, per diem	Anthem	CG-BEH-14	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
H2021	Community-based wrap-around services, per 15 minutes	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Carelon Rx	CC-0078	
J0135	Injection, adalimumab, 20 mg	Carelon Rx	CC-0062	
J0139	Injection, adalimumab, 1 mg	Carelon Rx	CC-0062	
J0172	Injection, aducanumab-avwa, 2 mg	Carelon Rx	CC-0200	
J0174	Injection, lecanemab-irmb, 1 mg	Carelon Rx	CC-0228	
J0175	Injection, donanemab-azbt, 2 mg	Carelon Rx	CC-0265	
J0177	Injection, aflibercept HD, 1 mg	Carelon Rx	CC-0072	
J0178	Injection, aflibercept, 1 mg	Carelon Rx	CC-0072	
J0179	Injection, brolocizumab-dbl, 1 mg	Carelon Rx	CC-0072	
J0180	Injection, agalsidase beta, 1 mg	Carelon Rx	CC-0021	
J0202	Injection, alemtuzumab, 1 mg	Carelon Rx	CC-0009	
J0207	Injection, amifostine, 500 mg	Carelon Medical Benefits Management	CC-0155	
J0208	Injection, sodium thiosulfate (Pedmark), 100 mg	Carelon Medical Benefits Management	CC-0224	
J0217	Injection, velmanase alfa-tycv, 1 mg	Carelon Rx	CC-0231	
J0218	Injection, olipudase alfa-rpcp, 1 mg	Carelon Rx	CC-0220	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Carelon Rx	CC-0018	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Carelon Rx	CC-0018	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J0222	Injection, patisiran, 0.1 mg	Carelon Rx	CC-0082	
J0223	Injection, givosiran, 0.5 mg	Carelon Rx	CC-0154	
J0224	Injection, lumasiran, 0.5 m	Carelon Rx	CC-0185	
J0225	Injection, vutrisiran, 1 mg	Carelon Rx	CC-0217	
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Carelon Rx	CC-0073	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Carelon Rx	CC-0073	
J0456	Injection, azithromycin, 500 mg	Anthem	MED.00013	
J0485	Injection, belatacept, 1 mg	Carelon Rx	CC-0076	
J0490	Injection, belimumab, 10 mg	Carelon Rx	CC-0028	
J0491	Injection, anifrolumab-fnia, 1 mg	Carelon Rx	CC-0202	
J0517	Injection, benralizumab, 1 mg	Carelon Rx	CC-0043	
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	Anthem	MED.00013	
J0561	Injection, penicillin G benzathine, 100,000 units	Anthem	MED.00013	
J0565	Injection, bezlotoxumab, 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0046	
J0567	Injection, cerliponase alfa, 1 mg	Carelon Rx	CC-0012	
J0584	Injection, burosumab-twza 1 mg	Carelon Rx	CC-0081	
J0585	Injection, onabotulinumtoxinA, 1 unit	Carelon Rx	CC-0032	
J0586	Injection, abobotulinumtoxinA, 5 units	Carelon Rx	CC-0032	
J0587	Injection, rimabotulinumtoxinB, 100 units	Carelon Rx	CC-0032	
J0588	Injection, incobotulinumtoxinA, 1 unit	Carelon Rx	CC-0032	
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Carelon Rx or Carelon Medical Benefits Management	CC-0032	
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Carelon Rx	CC-0034	
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	Carelon Rx	CC-0034	
J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	Carelon Rx	CC-0034	
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	Carelon Rx	CC-0034	
J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	Carelon Rx	CC-0034	
J0638	Injection, canakinumab, 1 mg	Carelon Rx	CC-0064	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Carelon Medical Benefits Management	CC-0104	
J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	Carelon Medical Benefits Management	CC-0104	
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Anthem	MED.00013	
J0690	Injection, cefazolin sodium, 500 mg	Anthem	MED.00013	
J0696	Injection, ceftriaxone sodium, per 250 mg	Anthem	MED.00013	
J0698	Injection, cefotaxime sodium, per g	Anthem	MED.00013	
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Carelon Rx	CC-0062	
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Carelon Rx	CC-0194	
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	Anthem	MED.00013	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Anthem	MED.00013	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Carelon Rx	CC-0017	
J0791	Injection, crizanlizumab-tmca, 5 mg	Carelon Rx	CC-0153	
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	Carelon Rx	CC-0004	
J0802	Injection, corticotropin (ANI), up to 40 units	Carelon Rx	CC-0004	
J0870	Injection, imetelstat, 1 mg	Carelon Medical Benefits Management	CC-0266	
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Carelon Rx or Carelon Medical Benefits Management	CC-0001	
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Carelon Rx or Carelon Medical Benefits Management	CC-0001	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Carelon Rx or Carelon Medical Benefits Management	CC-0001	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	Carelon Rx	CC-0001	
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	Carelon Rx	CC-0001	
J0896	Injection, luspatercept-aamt, 0.25 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0156	
J0897	Injection, denosumab, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0027	
J1072	Injection, testosterone cypionate (Azmiro), 1 mg	Carelon Rx	CC-0026	
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Carelon Rx	CC-0018	
J1267	Injection, doripenem, 10 mg	Anthem	MED.00013	
J1290	Injection, ecallantide, 1 mg	Carelon Rx	CC-0034	
J1299	Injection, eculizumab, 2 mg	Carelon Rx	CC-0041	
J1300	Injection, eculizumab, 10 mg	Carelon Rx	CC-0041	
J1301	Injection, edaravone, 1 mg	Carelon Rx	CC-0049	
J1302	Injection, sutimlimab-jome, 10 mg	Carelon Rx	CC-0210	
J1303	Injection, ravulizumab-cwvz, 10 mg	Carelon Rx	CC-0041	
J1304	Injection, tofersen, 1 mg	Carelon Rx	CC-0237	
J1305	Injection, evinacumab-dgnb, 5 mg	Carelon Rx	CC-0193	
J1306	Injection, inclisiran, 1 mg	Carelon Rx	CC-0209	
J1307	Injection, crovalimab-akkz, 10 mg	Carelon Rx	CC-0041	
J1322	Injection, elosulfase alfa, 1mg	Carelon Rx	CC-0022	
J1323	Injection, elranatamab-bcmm, 1 mg	Carelon Medical Benefits Management	CC-0248	
J1325	Injection, epoprostenol, 0.5 mg	Carelon Rx	CC-0067	
J1335	Injection, ertapenem sodium, 500 mg	Anthem	MED.00013	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Anthem	MED.00135	Contact Anthem Transplant unit at 888-574-7215
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	Anthem	MED.00135	Contact Anthem Transplant unit at 888-574-7215
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Anthem	MED.00144	Contact Anthem Transplant unit at 888-574-7215
J1426	Injection, casimersen, 10 mg	Carelon Rx	CC-0189	
J1427	Injection, viltolarsen, 10 mg	Carelon Rx	CC-0172	
J1428	Injection, eteplirsan, 10 mg	Carelon Rx	CC-0044	
J1429	Injection, golodirsan, 10 mg	Carelon Rx	CC-0152	
J1437	Injection, ferric derisomaltose, 10 mg	Carelon Rx	CC-0182	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Carelon Rx	CC-0062	
J1439	Injection, ferric carboxymaltose, 1mg	Carelon Rx	CC-0182	
J1440	Fecal microbiota, live - jsfm, 1 ml	Carelon Rx	CC-0233	
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
J1447	Injection, tbo-filgrastim, 1 microgram	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
J1448	Injection, trilaciclib, 1 mg	Carelon Medical Benefits Management	CC-0192	
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
J1450	Injection, fluconazole, 200 mg	Anthem	MED.00013	
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Carelon Medical Benefits Management	CC-0074	
J1458	Injection, galsulfase, 1 mg	Carelon Rx	CC-0023	
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1460	Injection, gamma globulin, intramuscular, 1 cc	Carelon Rx or Carelon Medical Benefits Management	CC-0039	
J1551	Injection, immune globulin (cutaig), 100 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1552	Injection, immune globulin (Alyglo), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1554	Injection, immune globulin (asceniv), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1555	Injection, immune globulin (Cuvitru), 100 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1556	Injection, immune globulin (bivigam), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1558	Injection, immune globulin (xembify), 100 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1559	Injection, immune globulin (hizentra), 100 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Carelon Rx or Carelon Medical Benefits Management	CC-0039	
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g.	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1595	Injection, glatiramer acetate, 20 mg	Carelon Rx	CC-0014	
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0003	
J1602	Injection, golimumab, 1 mg, for intravenous use	Carelon Rx	CC-0062	
J1628	Injection, guselkumab, 1 mg	Carelon Rx	CC-0050	
J1632	Injection, brexanolone, 1 mg	Carelon Rx	CC-0140	
J1675	Injection, histrelin acetate, 10 mcg	Carelon Rx	CC-0061, CC-0102	
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0238	
J1743	Injection, idursulfase, 1 mg	Carelon Rx	CC-0024	
J1744	Injection, icatibant, 1 mg	Carelon Rx	CC-0034	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Carelon Rx	CC-0062	
J1746	Injection, ibalizumab-uiyk, 10 mg	Carelon Rx	CC-0047	
J1747	Injection, spesolimab-sbzo, 1 mg	Carelon Rx	CC-0221	
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Carelon Rx	CC-0062	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J1750	Injection, iron dextran, 50 mg	Carelon Rx	CC-0182	
J1756	Injection, iron sucrose, 1 mg	Carelon Rx	CC-0182	
J1786	Injection, imiglucerase, 10 units	Carelon Rx	CC-0051	
J1823	Injection, inebilizumab-cdon, 1 mg	Carelon Rx	CC-0170	
J1826	Injection, interferon beta-1a, 30 mcg	Carelon Rx	CC-0014	
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Carelon Rx	CC-0014	
J1930	Injection, lanreotide, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0142	
J1931	Injection, laronidase, 0.1 mg	Carelon Rx	CC-0025	
J1932	Injection, lanreotide, (ciplq), 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0142	
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Carelon Rx	CC-0061	
J1954	Injection, leuprolide acetate for depot suspension (ciplq), 7.5 mg	Carelon Rx	CC-0061	
J1956	Injection, levofloxacin, 250 mg	Anthem	MED.00013	
J1961	Injection, lenacapavir, 1 mg	Carelon Rx	CC-0229	
J2170	Injection, mecasermin, 1 mg	Carelon Rx	CC-0045	
J2182	Injection, mepolizumab, 1 mg	Carelon Rx	CC-0043	
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	Anthem	MED.00013	
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg	Anthem	MED.00013	
J2185	Injection, meropenem, 100 mg	Anthem	MED.00013	
J2267	Injection, mirikizumab-mrkz, 1 mg	Carelon Rx	CC-0050	
J2277	Injection, motixafortide, 0.25 mg	Carelon Medical Benefits Management	CC-0253	
J2278	Injection, ziconotide, 1 mcg	Carelon Rx	CC-0040	
J2280	Injection, moxifloxacin, 100 mg	Anthem	MED.00013	
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg	Anthem	MED.00013	
J2323	Injection, natalizumab, 1 mg	Carelon Rx	CC-0020	
J2326	Injection, nusinersen, 0.1 mg	Carelon Rx	CC-0048	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Carelon Rx	CC-0050	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J2329	Injection, ublituximab-xiiy, 1mg	Carelon Rx	CC-0227	
J2350	Injection, ocrelizumab, 1 mg	Carelon Rx	CC-0011	
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Carelon Rx	CC-0011	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0058	
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0058	
J2356	Injection, tezepelumab-ekko, 1 mg	Carelon Rx	CC-0212	
J2357	Injection, omalizumab, 5 mg	Carelon Rx	CC-0033	
J2502	Injection, pasireotide long acting, 1 mg	Carelon Rx	CC-0236	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
J2507	Injection, pegloticase, 1 mg	Carelon Rx	CC-0057	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Carelon Rx	CC-0241	
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	Anthem	MED.00013	
J2540	Injection, penicillin G potassium, up to 600,000 units	Anthem	MED.00013	
J2562	Injection, plerixafor, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0089	
J2777	Injection, faricimab-svoa, 0.1 mg	Carelon Rx	CC-0072	
J2778	Injection, ranibizumab, 0.1 mg	Carelon Rx	CC-0072	
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Carelon Medical Benefits Management or Anthem	SURG.00160	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Carelon Rx	CC-0234	
J2782	Injection, avacincaptad pegol, 0.1 mg	Carelon Rx	CC-0245	
J2786	Injection, reslizumab, 1 mg	Carelon Rx	CC-0043	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Carelon Medical Benefits Management	CG-SURG-105	
J2793	Injection, rilonacept, 1 mg	Carelon Rx	CC-0064	
J2796	Injection, romiplostim, 10 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0111	
J2802	Injection, romiplostim, 1 mcg	Carelon Medical Benefits Management	CC-0111	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
J2840	Injection, sebelipase alfa, 1 mg	Carelon Rx	CC-0037	
J2860	Injection, siltuximab, 10 mg	Carelon Medical Benefits Management	CC-0113	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Carelon Rx	CC-0182	
J2940	Injection, somatrem, 1 mg	Carelon Rx	CC-0068	
J2941	Injection, somatropin, 1 mg	Carelon Rx	CC-0068	
J2998	Injection, plasminogen, human-tvmh, 1 mg	Carelon Rx	CC-0203	
J3032	Injection, eptinezumab-jjmr, 1 mg	Carelon Rx	CC-0160	
J3055	Injection, talquetamab-tgvs, 0.25 mg	Carelon Medical Benefits Management	CC-0249	
J3060	Injection, taliglucerase alfa, 10 units	Carelon Rx	CC-0051	
J3111	Injection, romosozumab-aqqg, 1 mg	Carelon Rx	CC-0139	
J3241	Injection, teprotumumab-trbw, 10 mg	Carelon Rx	CC-0162	
J3245	Injection, tildrakizumab, 1 mg	Carelon Rx	CC-0050	
J3247	Injection, secukinumab, IV, 1 mg	Carelon Rx	CC-0042	
J3262	Injection, tocilizumab, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0066	
J3263	Injection, toripalimab-tpzi, 1 mg	Carelon Medical Benefits Management	CC-0255	
J3285	Injection, treprostinil, 1 mg	Carelon Rx	CC-0067	
J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	Carelon Rx	CC-0218	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Carelon Rx	CC-0177	
J3315	Injection, triptorelin pamoate, 3.75 mg	Carelon Rx	CC-0061, CC-0102	
J3316	Injection, triptorelin, extended-release, 3.75 mg	Carelon Rx	CC-0061	
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Carelon Rx	CC-0063	
J3358	Ustekinumab, for intravenous injection, 1 mg	Carelon Rx	CC-0063	
J3380	Injection, vedolizumab, IV, 1 mg	Carelon Rx	CC-0071	
J3385	Injection, velaglucerase alfa, 100 units	Carelon Rx	CC-0051	
J3393	Injection, betibeglogene autotemcel, per treatment	Anthem	MED.00140	Contact Anthem Transplant unit at 888-574-7215
J3394	Injection, lovotibeglogene autotemcel, per treatment	Anthem	MED.00146	Contact Anthem Transplant unit at 888-574-7215
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Carelon Rx	CC-0013	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Anthem	MED.00120	Contact Anthem Transplant unit at 888-574-7215
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10	Anthem	MED.00129	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	Carelon Rx	CC-0243	
J3489	Injection, zoledronic acid, 1 mg	Carelon Rx	CC-0019	
J3490	Unclassified drugs	Carelon Rx or Carelon Medical Benefits Management	CC-0008, CC-0010, CC-0014, CC-0015, CC-0036, CC-0038, CC-0042, CC-0062, CC-0064, CC-0066, CC-0068, CC-0069, CC-0079, CC-0084, CC-0107, CC-0173, CC-0174, CC-0190, CC-0195, CC-0199, CC-0206, CC-0208, CC-0213, CC-0215, CC-0254, CC-0256, CC-0257, CC-0259	
J3590	Unclassified biologics	Carelon Rx or Carelon Medical Benefits Management	CC-0002, CC-0003, CC-0010, CC-0011, CC-0027, CC-0029, CC-0041, CC-0042, CC-0062, CC-0064, CC-0066, CC-0068, CC-0069, CC-0071, CC-0072, CC-0077, CC-0107, CC-0135, CC-0137, CC-0149, CC-0173, CC-0174, CC-0188, CC-0190, CC-0195, CC-0206, CC-0208, CC-0235, CC-0259, CC-0261, CC-0262, CC-0267, CC-0269, CC-0270	
J7170	Injection, emicizumab-kxwh, 0.5 mg	Carelon Rx	CC-0065	
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	Carelon Rx	CC-0252	
J7175	Injection, Factor X, (human), 1 IU	Carelon Rx	CC-0149	
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	Carelon Rx	CC-0149	
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Carelon Rx	CC-0149	
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	Carelon Rx	CC-0065	
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	Carelon Rx	CC-0149	
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	Carelon Rx	CC-0149	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Carelon Rx	CC-0065	
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	Carelon Rx	CC-0065	
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Carelon Rx	CC-0065	
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	Carelon Rx	CC-0065	
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	Carelon Rx	CC-0065	
J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	Carelon Rx	CC-0065	
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	Carelon Rx	CC-0149	
J7190	Factor VIII (antihemophilic factor, human) per IU	Carelon Rx	CC-0065	
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	Carelon Rx	CC-0065	
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Carelon Rx	CC-0065	
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Carelon Rx	CC-0148	
J7194	Factor IX complex, per IU	Carelon Rx	CC-0148	
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Carelon Rx	CC-0148	
J7198	Antiinhibitor, per IU	Carelon Rx	CC-0149	
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Carelon Rx	CC-0148	
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Carelon Rx	CC-0148	
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Carelon Rx	CC-0148	
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyon), 1 IU	Carelon Rx	CC-0148	
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	Carelon Rx	CC-0065	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	Carelon Rx	CC-0065	
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Carelon Rx	CC-0065	
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	Carelon Rx	CC-0065	
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Carelon Rx	CC-0065	
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Carelon Rx	CC-0065	
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Carelon Rx	CC-0065	
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	Carelon Rx	CC-0149	
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Carelon Rx	CC-0148	
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	Carelon Rx	CC-0065	
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	Carelon Rx	CC-0031	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Carelon Rx	CC-0031	
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Carelon Rx	CC-0031	
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Carelon Rx	CC-0031	
J7330	Autologous cultured chondrocytes, implant	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Carelon Rx	CC-0035	
J7351	Injection, bimatoprost, intracameral implant, 1 mcg	Carelon Rx	CC-0163	
J7352	Afamelanotide implant, 1 mg	Carelon Rx	CC-0159	
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm	Carelon Rx	CC-0260	
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Carelon Rx	CC-0251	
J7355	Injection, travoprost, intracameral implant, 1 mcg	Carelon Rx	CC-0258	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	Carelon Medical Benefits Management or Anthem	SURG.00132	
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	Carelon Rx	CC-0067	
J9015	Injection, aldesleukin, per single use vial	Carelon Medical Benefits Management	CC-0175	
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Carelon Medical Benefits Management	CC-0096	
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Carelon Medical Benefits Management	CC-0096	
J9022	Injection, atezolizumab, 10 mg	Carelon Medical Benefits Management	CC-0128	
J9023	Injection, avelumab, 10 mg	Carelon Medical Benefits Management	CC-0129	
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Carelon Medical Benefits Management	CC-0128	
J9026	Injection, tarlatamab-dlle, 1 mg	Carelon Medical Benefits Management	CC-0263	
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Carelon Medical Benefits Management	CC-0264	
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Carelon Medical Benefits Management	CC-0230	
J9032	Injection, belinostat, 10 mg	Carelon Medical Benefits Management	CC-0176	
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Carelon Medical Benefits Management or Anthem	CC-0116	
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Carelon Medical Benefits Management	CC-0116	
J9035	Injection, bevacizumab, 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0072, CC-0107	
J9036	Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg	Carelon Medical Benefits Management	CC-0116	
J9038	Injection, axatilimab-csfr, 0.1 mg	Carelon Medical Benefits Management	CC-0270	
J9039	Injection, blinatumomab, 1 mcg	Carelon Medical Benefits Management	CC-0126	
J9042	Injection, brentuximab vedotin, 1 mg	Carelon Medical Benefits Management	CC-0092	
J9043	Injection, cabazitaxel, 1 mg	Carelon Medical Benefits Management	CC-0114	
J9047	Injection, carfilzomib, 1 mg	Carelon Medical Benefits Management	CC-0120	
J9055	Injection, cetuximab, 10 mg	Carelon Medical Benefits Management	CC-0106	
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	Carelon Medical Benefits Management	CC-0116	
J9057	Injection, copanlisib, 1 mg	Carelon Medical Benefits Management	CC-0133	
J9058	Injection, bendamustine HCl (Apotex), 1 mg	Carelon Medical Benefits Management	CC-0116	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J9059	Injection, bendamustine HCl (Baxter), 1 mg	Carelon Medical Benefits Management	CC-0116	
J9061	Injection, amivantamab-vmjw, 2 mg	Carelon Medical Benefits Management	CC-0201	
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Carelon Medical Benefits Management	CC-0226	
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Carelon Medical Benefits Management	CC-0114	
J9118	Injection, calaspargase pegol-mknl, 10 units	Carelon Medical Benefits Management	CC-0096	
J9119	Injection, cemiplimab-rwlc, 1 mg	Carelon Medical Benefits Management	CC-0145	
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Carelon Medical Benefits Management	CC-0127	
J9145	Injection, daratumumab, 10 mg	Carelon Medical Benefits Management	CC-0127	
J9161	Injection, denileukin diftiox-cxdl, 1 mcg	Carelon Medical Benefits Management	CC-0268	
J9173	Injection, durvalumab, 10 mg	Carelon Medical Benefits Management	CC-0130	
J9176	Injection, elotuzumab, 1 mg	Carelon Medical Benefits Management	CC-0117	
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Carelon Medical Benefits Management	CC-0157	
J9179	Injection, eribulin mesylate, 0.1 mg	Carelon Medical Benefits Management	CC-0108	
J9202	Goserelin acetate implant, per 3.6 mg	Carelon Rx	CC-0061, CC-0102	
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Carelon Medical Benefits Management	CC-0132	
J9207	Injection, ixabepilone, 1 mg	Carelon Medical Benefits Management	CC-0090	
J9210	Injection, emapalumab-lzsg, 1 mg	Carelon Rx	CC-0087	
J9216	Injection, interferon, gamma-1B, 3 million units	Carelon Medical Benefits Management	CC-0085	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Carelon Rx	CC-0061, CC-0102	
J9223	Injection, lurbinectedin, 0.1 mg	Carelon Medical Benefits Management	CC-0171	
J9225	Histrelin implant (Vantas), 50 mg	Carelon Rx	CC-0061, CC-0102	
J9226	Histrelin implant (Supprelin LA), 50 mg	Carelon Rx	CC-0061	
J9227	Injection, isatuximab-irfc, 10 mg	Carelon Medical Benefits Management	CC-0161	
J9228	Injection, ipilimumab, 1 mg	Carelon Medical Benefits Management	CC-0119	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Carelon Medical Benefits Management	CC-0131	
J9247	Injection, melphalan flufenamide, 1 mg	Carelon Medical Benefits Management	CC-0191	
J9248	Injection, melphalan (Hepzato), 1 mg	Anthem	MED.00150	
J9259	Injection, paclitaxel protein-bound particles (American Regent), not therapeutically equivalent to J9264, 1 mg	Carelon Medical Benefits Management	CC-0099	
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Carelon Medical Benefits Management	CC-0178	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Carelon Medical Benefits Management	CC-0099	
J9266	Injection, pegaspargase, per single dose vial	Carelon Medical Benefits Management	CC-0096	
J9269	Injection, tagraxofusp-erzs, 10 mcg	Carelon Medical Benefits Management	CC-0088	
J9271	Injection, pembrolizumab, 1 mg	Carelon Medical Benefits Management	CC-0124	
J9272	Injection, dostarlimab-gxly, 10 mg	Carelon Medical Benefits Management	CC-0197	
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Carelon Medical Benefits Management	CC-0204	
J9274	Injection, tebentafusp-tebn, 1 mcg	Carelon Medical Benefits Management	CC-0211	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Carelon Medical Benefits Management	CC-0164	
J9286	Injection, glofitamab-gxbm, 2.5 mg	Carelon Medical Benefits Management	CC-0244	
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Carelon Medical Benefits Management	CC-0216	
J9299	Injection, nivolumab, 1 mg	Carelon Medical Benefits Management	CC-0125	
J9301	Injection, obinutuzumab, 10 mg	Carelon Medical Benefits Management	CC-0121	
J9302	Injection, ofatumumab, 10 mg	Carelon Medical Benefits Management	CC-0122	
J9303	Injection, panitumumab, 10 mg	Carelon Medical Benefits Management	CC-0105	
J9304	Injection, pemetrexed (Pemfexy), 10 mg	Carelon Medical Benefits Management	CC-0094	
J9305	Injection, pemetrexed, NOS, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9306	Injection, pertuzumab, 1 mg	Carelon Medical Benefits Management	CC-0110	
J9308	Injection, ramucirumab, 5 mg	Carelon Medical Benefits Management	CC-0123	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Carelon Medical Benefits Management	CC-0143	
J9312	Injection, rituximab, 10 mg	Carelon Rx	CC-0075, CC-0167	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Carelon Medical Benefits Management	CC-0144	
J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg	Carelon Medical Benefits Management	CC-0094	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Carelon Medical Benefits Management	CC-0169	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Carelon Medical Benefits Management	CC-0165	
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Carelon Medical Benefits Management	CC-0100	
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Carelon Medical Benefits Management	CC-0100	
J9321	Injection, epcoritamab-bysp, 0.16 mg	Carelon Medical Benefits Management	CC-0242	
J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9323	Injection, pemetrexed ditromethamine, 10 mg	Carelon Medical Benefits Management	CC-0094	
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Carelon Medical Benefits Management	CC-0094	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Carelon Medical Benefits Management	CC-0135	
J9329	Injection, tislelizumab-jsgr, 1mg	Carelon Medical Benefits Management	CC-0262	
J9331	Injection, sirolimus protein-bound particles, 1 mg	Carelon Medical Benefits Management	CC-0205	
J9332	Injection, efgartigimod alfa-fcab, 2mg	Carelon Rx	CC-0207	
J9333	Injection, rozanolixizumab-noli, 1 mg	Carelon Rx	CC-0246	
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Carelon Rx	CC-0207	
J9345	Injection, retifanlimab-dlwr, 1 mg	Carelon Medical Benefits Management	CC-0240	
J9347	Injection, tremelimumab-actl, 1 mg	Carelon Medical Benefits Management	CC-0223	
J9348	Injection, naxitamab-ggqk, 1 m	Carelon Medical Benefits Management	CC-0184	
J9349	Injection, tafasitamab-cxix, 2 mg	Carelon Medical Benefits Management	CC-0180	
J9350	Injection, mosunetuzumab-axgb, 1 mg	Carelon Medical Benefits Management	CC-0232	
J9353	Injection, margetuximab-cmkb, 5 m	Carelon Medical Benefits Management	CC-0186	
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Carelon Medical Benefits Management	CC-0115	
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Carelon Medical Benefits Management	CC-0158	
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Carelon Medical Benefits Management	CC-0196	
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
J9376	Injection, pozelimab-bbfg, 1 mg	Carelon Rx	CC-0250	
J9380	Injection, teclistamab-cqyv, 0.5 mg	Carelon Medical Benefits Management	CC-0222	
J9381	Injection, teplizumab-mzwv, 5 mcg	Carelon Rx	CC-0225	

Code	Code description	Responsible party	Criteria/Guideline	Comments
J9393	Injection, fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg	Carelon Medical Benefits Management	CC-0103	
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Carelon Medical Benefits Management	CC-0103	
J9395	Injection, fulvestrant, 25 mg	Carelon Medical Benefits Management	CC-0103	
J9400	Injection, ziv-aflibercept, 1 mg	Carelon Medical Benefits Management	CC-0109	
J9999	Not otherwise classified, antineoplastic drugs	Carelon Medical Benefits Management	CC-0095, CC-0128, CC-0195, CC-0206, CC-0262, CC-0263, CC-0264, CC-0268, CC-0271	
K0010	Standard-weight frame motorized/power wheelchair	Anthem	CG-DME-31	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Anthem	CG-DME-31	
K0012	Lightweight portable motorized/power wheelchair	Anthem	CG-DME-31	
K0013	Custom motorized/power wheelchair base	Anthem	CG-DME-31	
K0014	Other motorized/power wheelchair base	Anthem	CG-DME-31	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Anthem	CC-0067	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Anthem	MED.00055	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0812	Power operated vehicle, not otherwise classified	Anthem	CG-DME-31	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Anthem	CG-DME-31	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Anthem	CG-DME-31	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Anthem	CG-DME-31	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Anthem	CG-DME-31	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Anthem	CG-DME-31	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Anthem	CG-DME-31	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Anthem	CG-DME-31	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem	CG-DME-31	

Code	Code description	Responsible party	Criteria/Guideline	Comments
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Anthem	CG-DME-31	
K1004	Low frequency ultrasonic diathermy treatment device for home use	Anthem	DME.00041	
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Anthem	OR-PR.00006	
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Carelon Medical Benefits Management or Anthem	SURG.00153	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Anthem	DME.00041	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Anthem	OR-PR.00008	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Anthem	CG-OR-PR-05	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Anthem	CG-OR-PR-05	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Anthem	CG-OR-PR-05	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Anthem	CG-OR-PR-05	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Anthem	CG-OR-PR-05	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Anthem	CG-OR-PR-05	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Anthem	CG-OR-PR-05	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Anthem	CG-OR-PR-05	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Anthem	CG-OR-PR-05	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Anthem	CG-OR-PR-05	
L7510	Repair of prosthetic device, repair or replace minor parts	Anthem	CG-OR-PR-05	
L7520	Repair prosthetic device, labor component, per 15 minutes	Anthem	CG-OR-PR-05	
L8045	Auricular prosthesis, provided by a nonphysician	Anthem	ANC.00008	
L8600	Implantable breast prosthesis, silicone or equal	Anthem	SURG.00023	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Carelon Medical Benefits Management or Anthem	MED.00132	
L8614	Cochlear device, includes all internal and external components	Carelon Medical Benefits Management or Anthem	CG-SURG-81	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Carelon Medical Benefits Management or Anthem	CG-SURG-81	
L8627	Cochlear implant, external speech processor, component, replacement	Carelon Medical Benefits Management or Anthem	CG-SURG-81	
L8628	Cochlear implant, external controller component, replacement	Carelon Medical Benefits Management or Anthem	CG-SURG-81	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Carelon Medical Benefits Management or Anthem	SURG.00158	
L8679	Implantable neurostimulator, pulse generator, any type	Anthem	CG-SURG-120, CG-SURG-95, SURG.00026, SURG.00112, SURG.00158	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L8680	Implantable neurostimulator electrode, each	Anthem	CG-MED-79, CG-SURG-08, CG-SURG-120, CG-SURG-95, SURG.00026, SURG.00112, SURG.00129, SURG.00158	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Carelon Medical Benefits Management or Anthem	SURG.00129, SURG.00158	
L8682	Implantable neurostimulator radiofrequency receiver	Anthem	CG-MED-79, CG-SURG-08, SURG.00026	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Anthem	CG-MED-79, SURG.00026, SURG.00158	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Carelon Medical Benefits Management or Anthem	CG-SURG-08	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Anthem	CG-SURG-120, CG-SURG-95, SURG.00026, SURG.00112	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Anthem	CG-SURG-120, CG-SURG-95, SURG.00026, SURG.00112	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Anthem	SURG.00026	
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Anthem	SURG.00026, SURG.00129	
L8690	Auditory osseointegrated device, includes all internal and external components	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Carelon Medical Benefits Management or Anthem	CG-SURG-82	

Code	Code description	Responsible party	Criteria/Guideline	Comments
L8693	Auditory osseointegrated device abutment, any length, replacement only	Carelon Medical Benefits Management or Anthem	CG-SURG-82	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Carelon Medical Benefits Management	CG-SURG-82	
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Anthem	OR-PR.00005	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Anthem	OR-PR.00005	
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Carelon Rx	CC-0182	
Q2026	Injection, Radiesse, 0.1ml	Carelon Medical Benefits Management or Anthem	MED.00132	
Q2028	Injection, sculptra, 0.5 mg	Carelon Medical Benefits Management or Anthem	MED.00132	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0151	Contact Anthem Transplant unit at 888-574-7215
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0150	Contact Anthem Transplant unit at 888-574-7215
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Carelon Medical Benefits Management	CC-0134	
Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	Carelon Medical Benefits Management	CC-0098	
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	Carelon Medical Benefits Management	CC-0098	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0168	Contact Anthem Transplant unit at 888-574-7215
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0187	Contact Anthem Transplant unit at 888-574-7215
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0195	Contact Anthem Transplant unit at 888-574-7215
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Anthem	CC-0214	Contact Anthem Transplant unit at 888-574-7215
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Carelon Rx	CC-0271	
Q3001	Radioelements for brachytherapy, any type, each	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Carelon Rx	CC-0014	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Carelon Rx	CC-0014	
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	Carelon Rx	CC-0067	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Carelon Rx or Carelon Medical Benefits Management	CC-0001	
Q4100	Skin substitute, not otherwise specified	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4101	Apligraf, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4102	Oasis wound matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4103	Oasis burn matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4106	Dermagraft, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4107	GRAFTJACKET, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4108	Integra matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4110	PriMatrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4111	GammaGraft, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4112	Cymetra, injectable, 1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4114	Integra flowable wound matrix, injectable, 1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4115	AlloSkin, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4116	AlloDerm, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4117	HYALOMATRIX, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4118	MatriStem micromatrix, 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4121	TheraSkin, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4123	AlloSkin RT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4125	Arthroflex, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4127	Talymed, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4128	FlexHD, or AllopatchHD, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4130	Strattice TM, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4132	Grafix Core and GrafixPL Core, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4134	HMatrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4135	Mediskin, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4136	EZ Derm, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4138	BioDFence DryFlex, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4140	BioDFence, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4141	AlloSkin AC, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4142	XCM biologic tissue matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4143	Repriza, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4145	EpiFix, injectable, 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4146	TENSIX, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4149	Excellagen, 0.1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4150	AlloWrap DS or dry, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4151	AmnioBand or Guardian, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4152	DermaPure, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4153	Dermavest and Plurivest, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4154	Biovance, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4155	Neox Flo or Clarix Flo 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4156	Neox 100 or Clarix 100, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4157	Revitalon, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4158	Kerecis Omega3, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4159	Affinity, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4160	NuShield, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4161	bio-ConneKt wound matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4163	WoundEx, BioSkin, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4164	Helicoll, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4165	Keramatrix or Kerasorb, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4166	Cytal, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4167	Truskin, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4168	AmnioBand, 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4169	Artacent wound, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4170	Cygnus, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4171	Interfyl, 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4173	PalinGen or PalinGen XPlus, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4175	Miroderm, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4176	Neopatch or Therion, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4177	FlowerAmnioFlo, 0.1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4178	FlowerAmnioPatch, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4179	FlowerDerm, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4180	Revita, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4181	Amnio Wound, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4183	Surgigraft, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4184	Cellesta, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4186	Epifix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4187	Epicord, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4188	AmnioArmor, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4189	Artacent AC, 1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4190	Artacent AC, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4191	Restorigin, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4192	Restorigin, 1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4193	Coll-e-Derm, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4194	Novachor, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4195	PuraPly, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4196	PuraPly AM, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4197	PuraPly XT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4198	Genesis Amniotic Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4199	Cygnus matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4200	SkinTE, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4201	Matrion, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4202	Keroxx (2.5g/cc), 1cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4203	Derma-Gide, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4204	XWRAP, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4206	Fluid Flow or Fluid GF, 1 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4208	Novafix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4209	SurGraft, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4212	AlloGen, per cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4213	Ascent, 0.5 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4214	Cellesta Cord, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4216	Artacent Cord, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4218	SurgiCORD, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4219	SurgiGRAFT-DUAL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4220	BellaCell HD or SureDerm, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4221	Amnio Wrap2, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4222	ProgenaMatrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4225	AmnioBind or DermaBind TL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4227	AmnioCore, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4229	Cogenex Amniotic Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4231	Corplex P, per cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4232	Corplex, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4233	SurFactor or NuDyn, per 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4234	XCellerate, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4236	carePATCH, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4237	Cryo-Cord, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4238	Derm-Maxx, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4240	CoreCyte, for topical use only, per 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4241	PolyCyte, for topical use only, per 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4242	AmnioCyte Plus, per 0.5 cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4245	AmnioText, per cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4246	CoreText or ProText, per cc	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4247	AmnioText Patch, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4249	AMNIPLY, for topical use only, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4250	AmnioAmp-MP, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4251	Vim, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4252	Vendaje, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4253	Zenith Amniotic Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4254	Novafix DL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4255	REGUaRD, for topical use only, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4256	MLG-Complete, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4257	Relese, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4258	Enverse, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4260	Signature APatch, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4261	TAG, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4262	Dual Layer Impax Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4263	SurGraft TL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4264	Cocoon Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4265	NeoStim TL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4266	NeoStim Membrane, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4267	NeoStim DL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4268	SurGraft FT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4269	SurGraft XT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4270	Complete SL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4271	Complete FT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4272	Esano A, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4273	Esano AAA, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4274	Esano AC, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4275	Esano ACA, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4276	ORION, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4278	EPIEFFECT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4279	Vendaje AC, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4280	Xcell Amnio Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4281	Barrera SL or Barrera DL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4282	Cygnus Dual, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4284	DermaBind SL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Anthem	SURG.00011	
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Anthem	SURG.00011	
Q4287	DermaBind DL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4288	DermaBind CH, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4289	RevoShield+ Amniotic Barrier, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4290	Membrane Wrap-Hydro, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4291	Lamellas XT, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4292	Lamellas, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4293	Acesso DL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4294	Amnio Quad-Core, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4295	Amnio Tri-Core Amniotic, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4296	Rebound Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4297	Emerge Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4298	AmniCore Pro, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4299	AmniCore Pro+, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4300	Acesso TL, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4301	Activate Matrix, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4302	Complete ACA, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4303	Complete AA, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4304	GRAFIX PLUS, per sq cm	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4305	American Amnion AC Tri-Layer, per sq cm	Anthem	SURG.00011	
Q4306	American Amnion AC, per sq cm	Anthem	SURG.00011	
Q4307	American Amnion, per sq cm	Anthem	SURG.00011	
Q4308	Sanopellis, per sq cm	Anthem	SURG.00011	
Q4309	VIA Matrix, per sq cm	Anthem	SURG.00011	
Q4310	Procenta, per 100 mg	Carelon Medical Benefits Management or Anthem	SURG.00011	
Q4311	Acesso, per sq cm	Anthem	SURG.00011	
Q4312	Acesso AC, per sq cm	Anthem	SURG.00011	
Q4313	DermaBind FM, per sq cm	Anthem	SURG.00011	
Q4314	Reeva FT, per sq cm	Anthem	SURG.00011	
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Anthem	SURG.00011	
Q4316	AmchoPlast, per sq cm	Anthem	SURG.00011	
Q4317	VitoGraft, per sq cm	Anthem	SURG.00011	
Q4318	E-Graft, per sq cm	Anthem	SURG.00011	
Q4319	SanoGraft, per sq cm	Anthem	SURG.00011	
Q4320	PelloGraft, per sq cm	Anthem	SURG.00011	
Q4321	RenoGraft, per sq cm	Anthem	SURG.00011	
Q4322	CaregraFT, per sq cm	Anthem	SURG.00011	
Q4323	alloPLY, per sq cm	Anthem	SURG.00011	
Q4324	AmnioTX, per sq cm	Anthem	SURG.00011	
Q4325	ACApatch, per sq cm	Anthem	SURG.00011	
Q4326	WoundPlus, per sq cm	Anthem	SURG.00011	
Q4327	DuoAmnion, per sq cm	Anthem	SURG.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q4328	MOST, per sq cm	Anthem	SURG.00011	
Q4329	Singlay, per sq cm	Anthem	SURG.00011	
Q4330	TOTAL, per sq cm	Anthem	SURG.00011	
Q4331	Axolotl Graft, per sq cm	Anthem	SURG.00011	
Q4332	Axolotl DualGraft, per sq cm	Anthem	SURG.00011	
Q4333	ArdeoGraft, per sq cm	Anthem	SURG.00011	
Q4334	Amnioplast 1, per square centimeter	Anthem	SURG.00011	
Q4335	Amnioplast 2, per square centimeter	Anthem	SURG.00011	
Q4336	Artacent c, per square centimeter	Anthem	SURG.00011	
Q4337	Artacent trident, per square centimeter	Anthem	SURG.00011	
Q4338	Artacent velos, per square centimeter	Anthem	SURG.00011	
Q4339	Artacent vericlen, per square centimeter	Anthem	SURG.00011	
Q4340	Simpligraft, per square centimeter	Anthem	SURG.00011	
Q4341	Simplimax, per square centimeter	Anthem	SURG.00011	
Q4342	Theramend, per square centimeter	Anthem	SURG.00011	
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Anthem	SURG.00011	
Q4344	Tri-membrane wrap, per square centimeter	Anthem	SURG.00011	
Q4345	Matrix hd allograft dermis, per square centimeter	Anthem	SURG.00011	
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Carelon Rx	CC-0062	
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Carelon Rx	CC-0062	
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	Carelon Rx or Carelon Medical Benefits Management	CC-0001	
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Carelon Rx or Carelon Medical Benefits Management	CC-0001	
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0072, CC-0107	
Q5108	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	Carelon Rx	CC-0062	
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Carelon Medical Benefits Management	CC-0166	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Carelon Medical Benefits Management	CC-0166	
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Carelon Medical Benefits Management	CC-0166	
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0075, CC-0167	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Carelon Medical Benefits Management	CC-0166	
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0072, CC-0107	
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0075, CC-0167	
Q5120	Injection, pegfilgrastim-bmez (ZIENTENZO), biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Carelon Rx	CC-0062	
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Carelon Rx	CC-0075, CC-0167	
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0072	
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0072, CC-0107	
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	Carelon Rx	CC-0072	
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0072, CC-0107	
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0002	
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Carelon Rx	CC-0062	
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Carelon Rx	CC-0062	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0066	
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Carelon Rx	CC-0020	
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0066	
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	Carelon Rx or Carelon Medical Benefits Management	CC-0027	
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	Carelon Rx	CC-0063	
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	Carelon Rx	CC-0063	
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Carelon Rx	CC-0062	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Carelon Rx	CC-0062	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Carelon Rx	CC-0062	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Carelon Rx	CC-0062	
Q5144	Injection, adalimumab-aacf (Idacio), biosimilar, 1 mg	Carelon Rx	CC-0062	
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg	Carelon Rx	CC-0062	
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg	Carelon Medical Benefits Management	CC-0166	
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	Carelon Rx	CC-0072	
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Carelon Rx	CC-0072	
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg	Carelon Rx	CC-0072	
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg	Carelon Rx	CC-0041	
Q5152	Injection, eculizumab-aeab (Bkemv), biosimilar, 2 mg	Carelon Rx	CC-0041	
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Carelon Rx	CC-0063	
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Carelon Rx	CC-0063	

Code	Code description	Responsible party	Criteria/Guideline	Comments
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	Carelon Rx	CC-0063	
Q9999	Injection, ustekinumab-aauz (Otuifi), biosimilar, 1 mg	Carelon Rx	CC-0063	
S0013	Esketamine, nasal spray, 1 mg	Carelon Rx	CC-0086	
S0189	Testosterone pellet, .75 mg	Carelon Rx	CC-0008	
S0201	Partial Hospitalization Services, Less Than 24 Hours, Per Diem	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	Carelon Medical Benefits Management or Anthem	SURG.00132	
S2053	Transplantation of small intestine and liver allografts	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
S2054	Transplantation of multivisceral organs	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	Anthem	TRANS.00013	Contact Anthem Transplant unit at 888-574-7215
S2060	Lobar lung transplantation	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
S2061	Donor lobectomy (lung) for transplantation, living donor	Anthem	TRANS.00009	Contact Anthem Transplant unit at 888-574-7215
S2065	Simultaneous pancreas kidney transplantation	Anthem	TRANS.00011	Contact Anthem Transplant unit at 888-574-7215
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Anthem	SURG.00023	
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	Anthem	SURG.00023	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Anthem	SURG.00023	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Carelon Medical Benefits Management or Anthem	SURG.00129	
S2102	Islet cell tissue transplant from pancreas; allogeneic	Anthem	TRANS.00010	Contact Anthem Transplant unit at 888-574-7215
S2103	Adrenal tissue transplant to brain	Anthem	TRANS.00004	Contact Anthem Transplant unit at 888-574-7215
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Joint Surgery	
S2117	Arthroereisis, subtalar	Carelon Medical Benefits Management or Anthem	SURG.00104	
S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-565: Hip Resurfacing, ISC: S-565-RRG: Hip Resurfacing RRG	
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	Carelon Medical Benefits Management or Anthem	CG-MED-68	
S2140	Cord blood harvesting for transplantation, allogeneic	Anthem	TRANS.00016	Contact Anthem Transplant unit at 888-574-7215
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215

Code	Code description	Responsible party	Criteria/Guideline	Comments
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	Anthem	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.00034	Contact Anthem Transplant unit at 888-574-7215
S2202	Echosclerotherapy	Carelon Medical Benefits Management or Anthem	CG-SURG-119	
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Carelon Medical Benefits Management or Anthem	SURG.00084	
S2235	Implantation of auditory brain stem implant	Carelon Medical Benefits Management or Anthem	CG-SURG-81	
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Carelon Medical Benefits Management or Anthem	SURG.00043	
S2340	Chemodenervation of abductor muscle(s) of vocal cord	Anthem	CC-0032	
S2341	Chemodenervation of adductor muscle(s) of vocal cord	Anthem	CC-0032	
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Carelon Medical Benefits Management	CG-SURG-24	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Carelon Medical Benefits Management or Anthem	SURG.00071	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S3841	Genetic testing for retinoblastoma	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
S3842	Genetic testing for Von Hippel-Lindau disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Hereditary Cancer Testing	
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3845	Genetic testing for alpha-thalassemia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3846	Genetic testing for hemoglobin E beta-thalassemia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3849	Genetic testing for Niemann-Pick disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3850	Genetic testing for sickle cell anemia	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to Alzheimer's disease	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3853	Genetic testing for myotonic muscular dystrophy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Somatic Tumor Testing	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Chromosomal Microarray Analysis	
S3900	Surface electromyography (EMG)	Carelon Medical Benefits Management or Anthem	MED.00130	
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	Anthem	State mandates; member benefits	
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	Anthem	State mandates; member benefits	
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	Anthem	State mandates; member benefits	
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	Anthem	State mandates; member benefits	
S4016	Frozen in vitro fertilization cycle, case rate	Anthem	State mandates; member benefits	
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	Anthem	State mandates; member benefits	
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	Anthem	State mandates; member benefits	
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	Anthem	State mandates; member benefits	
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	Anthem	State mandates; member benefits	
S4022	Assisted oocyte fertilization, case rate	Anthem	State mandates; member benefits	
S4023	Donor egg cycle, incomplete, case rate	Anthem	State mandates; member benefits	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	Anthem	State mandates; member benefits	
S4026	Procurement of donor sperm from sperm bank	Anthem	State mandates; member benefits	
S4027	Storage of previously frozen embryos	Anthem	State mandates; member benefits	
S4028	Microsurgical epididymal sperm aspiration (MESA)	Anthem	State mandates; member benefits	
S4030	Sperm procurement and cryopreservation services; initial visit	Anthem	State mandates; member benefits	
S4031	Sperm procurement and cryopreservation services; subsequent visit	Anthem	State mandates; member benefits	
S4035	Stimulated intrauterine insemination (IUI), case rate	Anthem	State mandates; member benefits	
S4037	Cryopreserved embryo transfer, case rate	Anthem	State mandates; member benefits	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	Anthem	State mandates; member benefits	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Proton Beam Therapy	
S8035	Magnetic source imaging	Carelon Medical Benefits Management	CG-MED-76	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Anthem	Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis; Carelon Medical Benefits Management: Oncologic Imaging	
S8040	Topographic brain mapping	Carelon Medical Benefits Management or Anthem	MED.00002	
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Imaging of the Heart	
S8130	Interferential current stimulator, 2 channel	Carelon Medical Benefits Management or Anthem	DME.00011	
S8131	Interferential current stimulator, 4 channel	Carelon Medical Benefits Management or Anthem	DME.00011	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	Carelon Medical Benefits Management or Anthem	DME.00011	
S8940	Equestrian/hippotherapy, per session	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Carelon Medical Benefits Management or Anthem	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
S8950	Complex lymphedema therapy, each 15 minutes	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Anthem	CG-MED-97	
S9056	Coma stimulation per diem	Carelon Medical Benefits Management or Anthem	MED.00011	
S9090	Vertebral axial decompression, per session	Carelon Medical Benefits Management or Anthem	SURG.00008; Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Anthem	CG-MED-23, CG-REHAB-08	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Anthem	CG-MED-23, CG-REHAB-08	
S9152	Speech therapy, re-evaluation	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0067	
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0062	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management	CG-MED-89	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	
S9480	Intensive outpatient psychiatric services, per diem	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	Anthem	CG-MED-23, MED.00013	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0068	
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0014	
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0007	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Anthem	CG-ANC-04	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Anthem	CG-ANC-04	
T2036	Therapeutic camping, overnight, waiver; each session	Anthem	MCG: BHG: B-822-T: Wilderness Therapy, W0172	

Code	Code description	Responsible party	Criteria/Guideline	Comments
T2037	Therapeutic camping, day, waiver; each session	Anthem	MCG: BHG: B-822-T: Wilderness Therapy, W0172	
V2787	Astigmatism correcting function of intraocular lens	Carelon Medical Benefits Management or Anthem	CG-SURG-77, SURG.00061	
V2788	Presbyopia correcting function of intraocular lens	Carelon Medical Benefits Management or Anthem	CG-SURG-77, SURG.00061	
V2790	Amniotic membrane for surgical reconstruction, per procedure	Carelon Medical Benefits Management or Anthem	SURG.00011	
V5095	Semi-implantable middle ear hearing prosthesis	Carelon Medical Benefits Management or Anthem	SURG.00084	
V5298	Hearing aid, not otherwise classified	Carelon Medical Benefits Management	CG-SURG-82	
V5362	Speech screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
V5363	Language screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
V5364	Dysphagia screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management	CG-MED-89	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Carelon Medical Benefits Management or Anthem	CG-MED-23, CG-MED-89	
S9480	Intensive outpatient psychiatric services, per diem	Anthem	MCG Guidelines	Contact Behavioral Health at 800-755-0851 Prior authorization requirements for psychological testing and outpatient services vary by product and plan. Contact the number on the member's ID card to verify requirements and eligibility.

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	Anthem	CG-MED-23, MED.00013	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	

Code	Code description	Responsible party	Criteria/Guideline	Comments
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CG-MED-23, MED.00013	
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0068	
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0014	
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Anthem	CC-0007	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Anthem	CG-ANC-04	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Anthem	CG-ANC-04	
T2036	Therapeutic camping, overnight, waiver; each session	Anthem	MCG: BHG: B-822-T: Wilderness Therapy, W0172	

Code	Code description	Responsible party	Criteria/Guideline	Comments
T2037	Therapeutic camping, day, waiver; each session	Anthem	MCG: BHG: B-822-T: Wilderness Therapy, W0172	
V2787	Astigmatism correcting function of intraocular lens	Carelon Medical Benefits Management or Anthem	CG-SURG-77, SURG.00061	
V2788	Presbyopia correcting function of intraocular lens	Carelon Medical Benefits Management or Anthem	CG-SURG-77, SURG.00061	
V2790	Amniotic membrane for surgical reconstruction, per procedure	Carelon Medical Benefits Management or Anthem	SURG.00011	
V5095	Semi-implantable middle ear hearing prosthesis	Carelon Medical Benefits Management or Anthem	SURG.00084	
V5298	Hearing aid, not otherwise classified	Carelon Medical Benefits Management	CG-SURG-82	
V5362	Speech screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
V5363	Language screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
V5364	Dysphagia screening	Carelon Medical Benefits Management	Carelon Medical Benefits Management: Physical Therapy, Occupational Therapy, Speech Therapy	
<i>Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.</i>				
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