MASTER PRECERTIFICATION LIST

For Health Care Providers

Effective August 2021

Complete/PHS+ - The most comprehensive care management model that includes all the components of our Preferred level, plus additional digital tools and the highest level of engagement and potential savings.

Preferred - A comprehensive care management model that includes all the components of our existing care management model, including comprehensive outpatient precertification, plus higher intensity of care coordination and more customer engagement opportunities.

Basic Standard - A lower touch care management model that includes many of the components of our existing care management model, such as higher intensity of care coordination and more customer engagement opportunities. Basic Standard has a limited number of outpatient precertification categories (radiation therapy, medical oncology, medical injectables, home infusion therapy and private duty nursing), fewer than our Preferred and Complete solutions.

*Removal from precertification is not a guarantee of payment. Codes may be subject to code editing, benefit plan exclusions and post-service review for coverage.

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Revenue Code 0333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	Precertification delegated to eviCore healthcare National Radiation Therapy Program; Added 02/27/2016	X	X
Revenue Code 0870	Cell/Gene Therapy - General Classification	Added 04/01/2019	X	X
Revenue Code 0871	Cell/Gene Therapy - Cell Collection	Added 04/01/2019	X	X
Revenue Code 0872	Cell/Gene Therapy - Specialized Biologic Processing And Storage - Prior To Transport	Added 04/01/2019	X	X

Together, all the way.

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Revenue Code 0873	Cell/Gene Therapy - Storage And Processing After Receipt Of Cells From Manufacturer	Added 04/01/2019	X	X
Revenue Code 0874	Cell/Gene Therapy - Infusion Of Modified Cells	Added 04/01/2019	X	X
Revenue Code 0875	Cell/Gene Therapy - Injection Of Modified Cells	Added 04/01/2019	X	X
Revenue Code 0890	Pharmacy - Extension Of 025X And 063X - Reserved (Use 0250 For General Classification)	Added 04/01/2019	X	X
Revenue Code 0891	Pharmacy - Extension Of 025X And 063X - Special Processed Drugs – FDA Approved Cell Therapy	Added 04/01/2019	X	X
Revenue Code 0892	Special Processed Drugs - FDA Approved Gene Therapy	Added 04/01/2020	X	X
Revenue Code 0905	Intensive outpatient services-psychiatric	Added 08/27/2015	X	
Revenue Code 0906	Intensive outpatient services-chemical dependency	Added 08/27/2015	X	
Revenue Code 0907	Community behavioral health program (day treatment)	Added 08/27/2015	X	
Revenue Code 0912	Partial hospitalization-less intensive	Added 08/27/2015	X	
Revenue Code 0913	Partial hospitalization- intensive	Added 08/27/2015	X	
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	Added 07/01/2014	X	
0014M	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	Added 04/01/2020	X	
0058T*	Cryopreservation; reproductive tissue, ovarian	Added 07/01/2011 Removed 11/07/2020	X	X
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue		X	X
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	Added 10/25/2019	X	
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Added 10/25/2019	X	
0085T*	Breath test for heart transplant rejection	Removed 11/07/2020	X	X
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace (List separately in addition to code for primary procedure)		X	
0101T*	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Removed 11/07/2020	X	X
0102T*	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Removed 11/07/2020	X	X
0111T*	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	Removed 11/07/2020	X	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace		X	X
0165T*	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	Removed 11/07/2020	X	X

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0174T*	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	Removed 11/07/2020	X	X
0175T*	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	Removed 11/07/2020	X	X
0191T	Insertion aqueous drainage device internal approach		X	
0198T*	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Removed 11/07/2020	X	X
0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles		X	X
0201T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles		X	X
0202T*	Posterior vertebral joint(s) arthroplasty (e.g. facet joint(s) replacement) inc facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, inc fluoroscopy, single level, lumbar spine	Removed 11/07/2020	X	X
0207T*	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Removed 11/07/2020	X	X
0208T*	Pure tone audiometry (threshold), automated; air only	Removed 11/07/2020	X	X
0209T*	Pure tone audiometry (threshold), automated; air and bone	Removed 11/07/2020	X	X
0210T*	Speech audiometry threshold, automated	Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0211T*	Speech audiometry threshold, automated; with speech recognition	Removed 11/07/2020	X	X
0212T*	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	Removed 11/07/2020	X	X
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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		X	X
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	Removed 11/07/2020	X	X
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		X	X
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)		X	X
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Removed 01/01/2021 All markets were effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	Removed 01/01/2021 All markets were effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Removed 01/01/2021 All markets were effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	Removed 01/01/2021 All markets were effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed		X	X
0253T*	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Removed 11/07/2020	X	X
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	Added 07/01/2011	X	X
0264T*	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. Complete procedure excluding bone marrow harvest	Added 07/01/2011 Removed 11/07/2020	X	X
0265T*	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. Unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Added 07/01/2011 Removed 11/07/2020	X	X
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)	Added 07/01/2011 Removed 11/07/2020	X	X

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0267T*	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) Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Added 07/01/2011 Removed 11/07/2020	X	X
0268T*	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) Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Added 07/01/2011 Removed 11/07/2020	X	X
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)	Added 07/01/2011 Removed 11/07/2020	X	X
0270T*	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) lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Added 07/01/2011 Removed 11/07/2020	X	X
0271T*	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) pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Added 07/01/2011 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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);	Added 07/01/2011 Removed 11/07/2020	**X**	**X**
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	Added 07/01/2011 Removed 11/07/2020	**X**	**X**
0274T	Percutaneous laminotomy/laminectomy (intralaminar 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), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Added 07/01/2011	**X**	**X**
0275T	Percutaneous laminotomy/laminectomy (intralaminar 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), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	Added 07/01/2011	**X**	**X**
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	Added 01/01/2012	**X**	**X**

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0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	Added 07/01/2012	X	X
0312T*	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	Added 01/01/2013 Removed 11/07/2020	X	X
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	Added 01/01/2013 Removed 11/07/2020	X	X
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Added 01/01/2013	X	X
0315T*	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Added 01/01/2013 Removed 11/07/2020	X	X
0316T*	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Added 01/01/2013 Removed 11/07/2020	X	X
0317T*	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Added 01/01/2013 Removed 11/07/2020	X	X
0329T*	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Added 07/01/2013 Removed 11/07/2020	X	X
0330T*	Tear film imaging, unilateral or bilateral, with interpretation and report	Added 07/01/2013 Removed 11/07/2020	X	X
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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0333T*	Visual evoked potential, screening of visual acuity, automated	Added 07/01/2013 Removed 11/07/2020	X	X
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Added 01/01/2014	X	X
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	Added 01/01/2014 Removed 11/07/2020	X	X
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	Added 01/01/2014 Removed 11/07/2020	X	X
0342T*	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Added 01/01/2014 Removed 11/07/2020	X	X

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0345T*	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Added 01/01/2014 Removed 11/07/2020	X	X
0347T*	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Added 07/01/2014 Removed 11/07/2020	X	X
0348T*	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Added 07/01/2014 Removed 11/07/2020	X	X
0349T*	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Added 07/01/2014 Removed 11/07/2020	X	X
0350T*	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Added 07/01/2014 Removed 11/07/2020	X	X
0351T*	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Added 07/01/2014 Removed 11/07/2020	X	X
0352T*	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Added 07/01/2014 Removed 11/07/2020	X	X
0353T*	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Added 07/01/2014 Removed 11/07/2020	X	X
0354T*	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Added 07/01/2014 Removed 11/07/2020	X	X

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0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Effective 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. Other than ACA and IFP, added 07/14/2014, removed 08/13/2021; Cigna managed precertification.	X	X
0356T*	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Added 07/01/2014 Removed 11/07/2020	X	X
0358T*	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	Added 07/01/2014 Removed 11/07/2020	X	X
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	Added 07/01/2014 Removed 11/07/2020	X	
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient	Added 07/01/2014	X	

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0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	Added 01/01/2015	X	
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	Added 01/01/2015 Removed 11/07/2020	X	X
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	Added 01/01/2015 Removed 11/07/2020	X	X
0381T*	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Added 01/01/2015 Removed 11/07/2020	X	X
0382T*	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	Added 01/01/2015 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0383T*	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Added 01/01/2015 Removed 11/07/2020	X	X
0384T*	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Added 01/01/2015 Removed 11/07/2020	X	X
0385T*	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Added 01/01/2015 Removed 11/07/2020	X	X
0386T*	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	Added 01/01/2015 Removed 11/07/2020	X	X
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
0397T*	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	Added 01/01/2016 Removed 11/07/2020	X	X
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Added 01/01/2016	X	X
0404T*	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Added 01/01/2016 Removed 11/07/2020	X	X
0405T*	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time	Added 01/01/2016 Removed 11/07/2020	X	X
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	Added 01/01/2016 Removed 11/07/2020	X	X
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	Added 01/01/2016 Removed 11/07/2020	X	X
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	Added 01/01/2016 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2016 Removed 11/07/2020	X	X
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Added 01/01/2016 Removed 11/07/2020	X	X
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Added 01/01/2016 Removed 11/07/2020	X	X
0414T*	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Added 01/01/2016 Removed 11/07/2020	X	X
0415T*	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Added 01/01/2016 Removed 11/07/2020	X	X
0416T*	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Added 01/01/2016 Removed 11/07/2020	X	X
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	Added 01/01/2016 Removed 11/07/2020	X	X
0418T*	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	Added 01/01/2016 Removed 11/07/2020	X	X
0421T*	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Added 01/01/2016 Removed 11/07/2020	X	X
0422T*	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Added 01/01/2016 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0423T*	Secretory type II phospholipase A2 (sPLA2-IIA)	Added 01/01/2016 Removed 11/07/2020	X	X
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Added 01/01/2016	X	X
0425T*	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Added 01/01/2016 Removed 11/07/2020	X	X
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Added 01/01/2016	X	X
0427T*	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Added 01/01/2016 Removed 11/07/2020	X	X
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Added 01/01/2016 Removed 11/07/2020	X	X
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Added 01/01/2016 Removed 11/07/2020	X	X
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Added 01/01/2016 Removed 11/07/2020	X	X
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Added 01/01/2016	X	X
0432T*	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Added 01/01/2016 Removed 11/07/2020	X	X
0433T*	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Added 01/01/2016 Removed 11/07/2020	X	X
0434T*	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Added 01/01/2016 Removed 11/07/2020	X	X
0435T*	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Added 01/01/2016 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0436T*	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Added 01/01/2016 Removed 11/07/2020	X	X
0439T*	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	Added 07/01/2016 Removed 11/07/2020	X	X
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Added 07/01/2016	X	X
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Added 07/01/2016	X	X
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Added 07/01/2016	X	X
0443T*	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Added 07/01/2016 Removed 11/07/2020	X	X
0444T*	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Added 07/01/2016 Removed 11/07/2020	X	X
0445T*	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Added 07/01/2016 Removed 11/07/2020	X	X
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	Added 01/01/2017	X	X
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Added 01/01/2017	X	X
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Added 01/01/2017	X	X
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Added 01/01/2017	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 01/01/2017	X	X
0451T*	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	Added 01/01/2017 Removed 11/07/2020	X	X
0452T*	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	Added 01/01/2017 Removed 11/07/2020	X	X
0453T*	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	Added 01/01/2017 Removed 11/07/2020	X	X
0454T*	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	Added 01/01/2017 Removed 11/07/2020	X	X
0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	Added 01/01/2017 Removed 11/07/2020	X	X
0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	Added 01/01/2017 Removed 11/07/2020	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	Added 01/01/2017 Removed 11/07/2020	X	X
0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	Added 01/01/2017 Removed 11/07/2020	X	X
0459T*	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano- electrical skin interface and electrodes	Added 01/01/2017 Removed 11/07/2020	X	X
0460T*	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	Added 01/01/2017 Removed 11/07/2020	X	X
0461T*	Repositioning of previously implanted aortic counterpulsation ventricular assist device, subcutaneous electrode; aortic counterpulsation device	Added 01/01/2017 Removed 11/07/2020	X	X
0462T*	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	Added 01/01/2017 Removed 11/07/2020	X	X
0463T*	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	Added 01/01/2017 Removed 11/07/2020	X	X
0464T*	Visual evoked potential, testing for glaucoma, with interpretation and report	Added 01/01/2017 Removed 11/07/2020	X	X
0465T*	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	Added 01/01/2017 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	Added 01/01/2017	X	X
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Added 01/01/2017	X	X
0468T	Removal of chest wall respiratory sensor electrode or electrode array	Added 01/01/2017	X	X
0472T*	Device evaluation, interrogation, and initial programming of intra-ocular 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	Added 07/01/2017 Removed 11/07/2020	X	X
0473T*	Device evaluation and interrogation of intra-ocular 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	Added 07/01/2017 Removed 11/07/2020	X	X
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Added 07/01/2017	X	X
0475T*	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Added 07/01/2017 Removed 11/07/2020	X	X
0476T*	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	Added 07/01/2017 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0477T*	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Added 07/01/2017 Removed 11/07/2020	X	X
0478T*	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	Added 07/01/2017 Removed 11/07/2020	X	X
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	Added 01/01/2018	X	X
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Added 01/01/2018	X	X
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Added 01/01/2018	X	X
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Added 01/01/2018	X	X
0484T*	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Added 01/01/2018 Removed 11/07/2020	X	X
0485T*	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	Added 01/01/2018 Removed 11/07/2020	X	X
0486T*	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	Added 01/01/2018 Removed 11/07/2020	X	X
0487T*	Biomechanical mapping, transvaginal, with report	Added 01/01/2018 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2018 Removed 11/07/2020	X	X
0490T*	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Added 01/01/2018 Removed 11/07/2020	X	X
0491T*	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	Added 01/01/2018 Removed 11/07/2020	X	X
0492T*	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Added 01/01/2018 Removed 11/07/2020	X	X
0493T*	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Added 01/01/2018 Removed 11/07/2020	X	X
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	Added 01/01/2018	X	X
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	Added 01/01/2018	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0496T	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; each additional hour (List separately in addition to code for primary procedure)	Added 01/01/2018	X	X
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Added 01/01/2018 Removed 02/01/2021 All markets were effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Added 01/01/2018 Removed 02/01/2021 All markets were effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Added 01/01/2018 Removed 02/01/2021 All markets were effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Added 01/01/2018 Removed 02/01/2021 All markets were effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
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	Added 07/01/2018 Removed 04/01/2021	X	
0506T*	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Added 07/01/2018 Removed 11/07/2020	X	X
0507T*	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Added 07/01/2018 Removed 11/07/2020	X	X
0509T*	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Added 01/01/2019 Removed 11/07/2020	X	X
0511T*	Removal and reinsertion of sinus tarsi implant	Added 01/01/2019 Removed 11/07/2020	X	X
0512T*	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Added 01/01/2019 Removed 11/07/2020	X	X
0513T*	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Added 01/01/2019 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0514T*	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	Added 01/01/2019 Removed 11/07/2020	X	
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])	Added 01/01/2019 Removed 11/07/2020	X	X
0516T*	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Added 01/01/2019 Removed 11/07/2020	X	X
0517T*	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Added 01/01/2019 Removed 11/07/2020	X	X
0519T*	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Added 01/01/2019 Removed 11/07/2020	X	X
0520T*	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	Added 01/01/2019 Removed 11/07/2020	X	X
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	Added 01/01/2019 Removed 11/07/2020	X	X
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	Added 01/01/2019 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)(Use 0523T in conjunction with 93454, 93455, 93456, 93457,93458, 93459, 93460, 93461)	Added 01/01/2019	X	
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	Added 01/01/2019 Removed 11/07/2020	X	
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)	Added 01/01/2019 Removed 11/07/2020	X	X
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	Added 01/01/2019 Removed 11/07/2020	X	X
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	Added 01/01/2019 Removed 11/07/2020	X	X
0528T*	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Added 01/01/2019 Removed 11/07/2020	X	X
0529T*	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Added 01/01/2019 Removed 11/07/2020	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0533T*	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	Added 01/01/2019 Removed 11/07/2020	X	X
0534T*	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	Added 01/01/2019 Removed 11/07/2020	X	X
0535T*	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	Added 01/01/2019 Removed 11/07/2020	X	X
0536T*	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Added 01/01/2019 Removed 11/07/2020	X	X
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	Added 01/01/2019	X	X
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Added 01/01/2019	X	X
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Added 01/01/2019	X	X
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Added 01/01/2019	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0541T*	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study	Added 01/01/2019 Removed 11/07/2020	X	X
0542T*	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	Added 01/01/2019 Removed 11/07/2020	X	X
0543T*	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Added 07/01/2019 Removed 11/07/2020	X	X
0544T*	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Added 07/01/2019 Removed 11/07/2020	X	X
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Added 07/01/2019	X	X
0546T*	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Added 07/01/2019 Removed 11/07/2020	X	X
0547T*	Bone-material quality testing by microindentation(s) of the tibia(s),with results reported as a score	Added 07/01/2019 Removed 11/07/2020	X	X
0548T*	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	Added 07/01/2019 Removed 11/07/2020	X	X
0549T*	unilateral placement, including cystoscopy and fluoroscopy	Added 07/01/2019 Removed 11/07/2020	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0551T*	adjustment of balloon(s) fluid volume	Added 07/01/2019 Removed 11/07/2020	X	X
0552T*	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Added 07/01/2019 Removed 11/07/2020	X	X
0553T*	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Added 07/01/2019 Removed 11/07/2020	X	X
0554T*	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	Added 07/01/2019 Removed 11/07/2020	X	X
0555T*	retrieval and transmission of the scan data	Added 07/01/2019 Removed 11/07/2020	X	X
0556T*	assessment of bone strength and fracture risk and bone mineral density	Added 07/01/2019 Removed 11/07/2020	X	X
0557T*	interpretation and report	Added 07/01/2019 Removed 11/07/2020	X	X
0558T*	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Added 07/01/2019 Removed 11/07/2020	X	X
0559T*	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Added 07/01/2019 Removed 11/07/2020	X	X
0560T*	each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	Added 07/01/2019 Removed 11/07/2020	X	X
0561T*	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Added 07/01/2019 Removed 11/07/2020	X	X
0562T*	each additional anatomic guide (List separately in addition to code for primary procedure)	Added 07/01/2019 Removed 11/07/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0563T*	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Added 01/01/2020 Removed 11/07/2020	X	X
0564T*	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Added 01/01/2020 Removed 11/07/2020	X	X
0565T*	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Added 01/01/2020 Removed 11/07/2020	X	X
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	Added 01/01/2020 Removed 11/07/2020	X	X
0567T*	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	Added 01/01/2020 Removed 11/07/2020	X	X
0568T*	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	Added 01/01/2020 Removed 11/07/2020	X	X
0569T*	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Added 01/01/2020 Removed 11/07/2020	X	X
0570T*	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Added 01/01/2020 Removed 11/07/2020	X	X
0572T	Insertion of substernal implantable defibrillator electrode	Added 07/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Added 07/01/2020	X	
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Added 07/01/2020	X	
0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Added 07/01/2020	X	
0581T*	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Added 01/01/2020 Removed 11/07/2020	X	X
0582T*	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Added 01/01/2020 Removed 11/07/2020	X	X
0583T*	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Added 01/01/2020 Removed 11/07/2020	X	X
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Added 01/01/2020	X	X
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Added 01/01/2020	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Added 01/01/2020	X	X
0587T*	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Added 01/01/2020 Removed 11/07/2020	X	X
0588T*	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Added 01/01/2020 Removed 11/07/2020	X	X
0589T*	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patientselectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Added 01/01/2020 Removed 11/07/2020	X	X
0590T*	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/offcycling, burst, dose lockout, patientselectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Added 01/01/2020 Removed 11/07/2020	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Added 07/01/2020	X	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Added 07/01/2020	X	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis);replacement	Added 07/01/2020	X	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Added 07/01/2020	X	
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Added 07/01/2020	X	
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Added 07/01/2020	X	
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Added 07/01/2020	X	
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Added 07/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Added 07/01/2020	X	
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Added 07/01/2020	X	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Added 07/01/2020	X	
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Added 07/01/2020	X	
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	Added 07/01/2020	X	
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Added 07/01/2020	X	
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Added 07/01/2020	X	
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Added 07/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Added 01/01/2021	X	X
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral	Added 01/01/2021	X	X
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral	Added 01/01/2021	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level	Added 01/01/2021	X	X
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0636T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 07/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Added 07/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Added 07/01/2021	X	X
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Added 07/01/2021	X	X
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Added 07/01/2021	X	X
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Added 07/01/2021	X	X
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	Added 07/01/2021	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Added 07/01/2021	X	X
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Added 07/01/2021	X	X
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	Added 02/01/2017	X	
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	Added 02/01/2017	X	
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	Added 08/01/2017	X	
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin	Added 08/01/2017	X	
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Added 08/01/2017	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	Added 08/01/2017	X	
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	Added 08/01/2017	X	
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	Added 08/01/2017 Removed 07/01/2020	X	
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	Added 08/01/2017	X	
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	Added 08/01/2017	X	
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	Added 08/01/2017 Removed 04/01/2020	X	
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	Added 10/01/2017	X	
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	Added 10/01/2017	X	

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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	Added 10/01/2017	X	
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	Added 01/01/2018	X	
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	Added 01/01/2018	X	
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)	Added 01/01/2018	X	
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	Added 04/01/2018	X	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Added 07/01/2018	X	
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	Added 07/01/2018 Removed 07/01/2020	X	
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)	Added 07/01/2018	X	
0049U	U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Added 07/01/2018	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Added 07/01/2018	X	
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Added 07/01/2018	X	
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Added 07/01/2018	X	
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	Added 07/01/2018	X	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Added 07/01/2018	X	
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome nextgeneration sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	Added 07/01/2018	X	
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	Added 07/01/2018	X	
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	Added 07/01/2018	X	
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Added 07/01/2018	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	Added 07/01/2018	X	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Added 10/01/2018	X	
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	Added 10/01/2018	X	
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	Added 10/01/2018 Removed 04/01/2020	X	
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	Added 10/01/2018	X	
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	Added 10/01/2018	X	
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Added 10/01/2018	X	
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)	Added 10/01/2018	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 10/01/2018	X	
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)	Added 10/01/2018	X	
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)	Added 10/01/2018	X	
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)	Added 10/01/2018	X	
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)	Added 10/01/2018	X	
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)	Added 10/01/2018	X	
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	Added 10/01/2018 Removed 04/01/2020	X	

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0078U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	Added 10/01/2018	X	
0079U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	Added 10/01/2018	X	
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	Added 01/01/2019	X	
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service	Added 01/01/2019	X	
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	Added 01/01/2019	X	
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	Added 08/23/2019	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 08/23/2019	X	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Added 07/01/2019	X	
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	Added 07/01/2019	X	
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Added 08/23/2019	X	
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Added 07/01/2019	X	X
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Added 07/01/2019	X	
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	Added 07/01/2019	X	X
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])	Added 07/01/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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])	Added 07/01/2019	X	
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])	Added 07/01/2019	X	
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)	Added 10/01/2019	X	X
0106U*	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	Added 10/01/2019 Removed 04/01/2020	X	X
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	Added 10/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0108U	Gastroenterology (Barrett's esophagus), whole slide–digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	Added 10/01/2019	X	X
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	Added 10/01/2019	X	X
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	Added 10/01/2019	X	X
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	Added 10/01/2019	X	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Added 10/01/2019	X	X
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	Added 10/01/2019	X	X
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	Added 10/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0115U*	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Added 10/01/2019 Removed 08/15/2020	X	X
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	Added 10/01/2019	X	X
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	Added 10/01/2019	X	X
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	Added 10/01/2019	X	X
0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Added 10/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 10/01/2019	X	X
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	Added 10/01/2019	X	X
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	Added 10/01/2019	X	X
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	Added 10/01/2019	X	X
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)	Added 10/01/2019	X	X
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)	Added 10/01/2019	X	X
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)	Added 10/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 10/01/2019	X	X
0133U	Hereditary prostate cancer–related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Added 10/01/2019	X	X
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)	Added 10/01/2019	X	X
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)	Added 10/01/2019	X	X
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 10/01/2019	X	X
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 10/01/2019	X	X
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 10/01/2019	X	X
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, α-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	Added 01/01/2020	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Added 01/01/2020	X	X
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	Added 01/01/2020	X	
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	Added 01/01/2020	X	X
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Added 01/01/2020	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	Added 01/01/2020	X	X
0152U*	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Added 01/01/2020 Removed 08/15/2020	X	X
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	Added 01/01/2020 Removed 04/01/2020	X	
0156U*	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Added 01/01/2020 Removed 04/01/2020	X	
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 01/01/2020	X	
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 01/01/2020	X	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 01/01/2020	X	
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 01/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Added 01/01/2020	X	
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Added 01/01/2020	X	
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	Added 04/01/2020	X	
0165U*	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	Added 04/01/2020 Removed 07/01/2020	X	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Added 04/01/2020	X	
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	Added 07/01/2020	X	
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	Added 07/01/2020	X	
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)	Added 07/01/2020	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	Added 10/01/2020	X	
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	Added 10/01/2020	X	
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	Added 10/01/2020	X	
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	Added 10/01/2020	X	
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)	Added 10/01/2020	X	
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	Added 10/01/2020	X	
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)	Added 10/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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 and deletions, and mobile element insertions	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 01/01/2021	X	
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	Added 04/01/2021	X	
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	Added 04/01/2021	X	
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	Added 04/01/2021	X	
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc		X	X
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc		X	X
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc		X	X
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Added 08/25/2017. Precertification required for Affordable Care Act Individual Family Plan customers effective 1/1/2018.	X	
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less		X	
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)		X	
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		X	
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less		X	
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		X	
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	Added 01/01/2012	X	
15272	Application of 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)	Added 02/18/2013	X	
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	Added 01/01/2012	X	
15274	Application of 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)	Added 02/18/2013	X	
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	Added 01/01/2012	X	
15276	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; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Added 02/18/2013	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2012	X	
15278	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; 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)	Added 02/18/2013	X	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Added 01/01/2020	X	X
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Added 01/01/2020	X	X
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Added 01/01/2020	X	X
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	Added 01/01/2020	X	X
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Added 01/01/2020	X	X
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)	Added 01/01/2012	X	X

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15786	Abrasion; single lesion (e.g., keratosis, scar)		X	X
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)		X	X
15819	Cervicoplasty		X	X
15820	Blepharoplasty, lower eyelid		X	X
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad		X	X
15822	Blepharoplasty, upper eyelid		X	X
15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid		X	X
15824	Rhytidectomy, forehead		X	X
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)		X	X
15828	Rhytidectomy; cheek, chin, neck		X	X
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap		X	X
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy		X	X
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh		X	X
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg		X	X
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip		X	X
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock		X	X
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm		X	X
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand		X	X
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area		X	X
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)		X	X
15876	Suction assisted lipectomy, head and neck		X	X
15877	Suction assisted lipectomy; trunk		X	X
15878	Suction assisted lipectomy; upper extremity		X	X
15879	Suction assisted lipectomy; lower extremity		X	X
15999	Unlisted procedure, excision pressure ulcer		X	X
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm		X	X
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm		X	X
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm		X	X
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue		X	X
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma		X	X
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Added 01/01/2018 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
19298	Placement of radiotherapy afterloading 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	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
19300	Mastectomy for gynecomastia		X	X
19316	Mastopexy		X	X
19318	Reduction mammaplasty		X	X
19324	Mammaplasty, augmentation; without prosthetic implant	Removed 01/01/2021	X	X
19325	Mammaplasty, augmentation; with prosthetic implant		X	X
19328	Removal of intact mammary implant		X	X
19330	Removal of mammary implant material		X	X
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Added 02/06/2012	X	X
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Added 02/06/2012	X	X
19350	Nipple/areola reconstruction		X	X
19355	Correction of inverted nipples		X	X
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion		X	X
19370	Open periprosthetic capsulotomy, breast		X	X
19371	Periprosthetic capsulectomy, breast		X	X
19380	Revision of reconstructed breast		X	X

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19499	Unlisted procedure, breast		X	X
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	Added 08/06/2012	X	
20560*	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Added 01/01/2020 Removed 04/01/2020	X	
20561*	Needle insertion(s) without injection(s); 3 or more muscles	Added 01/01/2020 Removed 04/01/2020	X	
20910	Cartilage graft; costochondral		X	X
20912	Cartilage graft; nasal septum		X	X
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Added 02/06/2012	X	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
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)	Added 08/23/2019	X	
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)	Added 08/23/2019	X	
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)	Added 08/23/2019	X	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
20975	Electrical stimulation to aid bone healing; invasive (operative)		X	
20999	Unlisted procedure, musculoskeletal system, general		X	X

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21025	Excision of bone (e.g., for osteomyelitis or bone abscess) mandible		X	
21032	Excision of maxillary torus palatinus		X	
21050	Condylectomy, temporomandibular joint (TMJ)		X	
21060	Meniscectomy, partial or complete, temporomandibular joint (TMJ)		X	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)		X	
21076	Impression and custom preparation; surgical obturator prosthesis	Added 10/25/2019	X	
21077	Impression and custom preparation; orbital prosthesis	Added 10/25/2019	X	
21079	Impression and custom preparation; interim obturator prosthesis	Added 10/25/2019	X	
21080	Impression and custom preparation; definitive obturator prosthesis	Added 10/25/2019	X	
21081	Impression and custom preparation; mandibular resection prosthesis	Added 10/25/2019	X	
21082	Impression and custom preparation; palatal augmentation prosthesis	Added 10/25/2019	X	
21083	Impression and custom preparation; palatal lift prosthesis	Added 10/25/2019	X	
21085	Impression and custom preparation; oral surgical splint		X	
21088	Impression and custom preparation; facial prosthesis		X	
21089	Unlisted maxillofacial procedure		X	X
21110	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)		X	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)		X	X
21121	Genioplasty, sliding osteotomy, single piece		X	X
21122	Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)		X	X

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21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)		X	X
21125	Augmentation, mandibular body or angle; prosthetic material		X	X
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)		X	X
21137	Reduction forehead; contouring only		X	X
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)		X	X
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall		X	X
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft		X	X
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft		X	X
21143	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone		X	X
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)		X	X
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)		X	X
21147	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)		X	X
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)		X	X

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21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)		X	X
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I		X	X
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I		X	X
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I		X	X
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I		X	X
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)		X	X
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)		X	X
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)		X	X
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Added 08/19/2013	X	X
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g. fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm		X	X
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft		X	X
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)		X	X
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation		X	X
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation		X	X
21198	Osteotomy, mandible, segmental		X	X
21199	Osteotomy, mandible, segmental; with genioglossus advancement		X	X
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)		X	X
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)		X	X
21209	Osteoplasty, facial bones; reduction		X	X
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		X	X
21215	Graft, bone; mandible (includes obtaining graft)		X	X
21230	RIB CARTILAGE GRAFT		X	X
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)		X	X
21240	Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft)		X	
21242	Arthroplasty, temporomandibular joint (TMJ), with allograft		X	
21243	Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement		X	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)		X	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial		X	

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21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete		X	
21247	Reconstruction of mandibular condyle with bone and cartilage autogra fts (includes obtaining grafts) (e.g. for hemifacial microsomia)		X	
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial		X	
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete		X	
21270	Malar augmentation, prosthetic material		X	X
21280	Medial canthopexy (separate procedure)		X	X
21282	Lateral canthopexy		X	X
21299	Unlisted craniofacial and maxillofacial procedure		X	X
21325	Open treatment of nasal fracture; uncomplicated	Added 02/18/2013	X	X
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches		X	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); bone grafting (includes obtaining graft)		X	
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		X	
21433	Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches		X	
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation		X	
21436	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)		X	
21497	Interdental wiring		X	
21499	Unlisted musculoskeletal procedure, head		X	X
21685	Hyoid myotomy and suspension		X	

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21740	Reconstructive repair of pectus excavatum or carinatum; open		X	X
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy		X	X
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) with thoracoscopy		X	X
21899	Unlisted procedure, neck or thorax		X	X
22102	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar		X	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Added 08/23/2019	X	
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)	Added 08/23/2019	X	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Added 08/23/2019	X	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, lumbar	Added 08/18/2014	X	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Added 08/23/2019	X	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Added 08/23/2019	X	
22224	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; lumbar		X	

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22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar		X	
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	Added 08/23/2019	X	
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
22505	Manipulation of spine requiring anesthesia, any region		X	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Added 01/01/2015	X	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Added 01/01/2015	X	
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)	Added 01/01/2015	X	

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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	Added 01/01/2015	X	
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	Added 01/01/2015	X	
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)	Added 01/01/2015	X	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level		X	X
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure)		X	X
22533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar	Added 02/06/2012	X	
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)	Added 08/23/2019	X	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Added 07/01/2018	X	

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22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Added 08/23/2019	X	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Added 07/01/2018	X	
22558	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar		X	
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)	Added 08/23/2019	X	
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	Added 01/01/2013	X	X
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Added 07/01/2018	X	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)		X	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; lumbar		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)		X	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Added 01/01/2012	X	
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 and segment; each additional interspa	Added 01/01/2012	X	
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)	Added 08/23/2019	X	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
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)	Added 08/23/2019	X	
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)	Added 08/23/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 08/23/2019	X	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
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)	Added 08/23/2019	X	
22849	Reinsertion of spinal fixation device	Added 08/23/2019	X	
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Added 08/23/2019	X	
22852	Removal of posterior segmental instrumentation	Added 08/23/2019	X	
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)	Added 08/23/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 08/23/2019	X	
22855	Removal of anterior instrumentation	Added 08/23/2019	X	
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		X	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace		X	
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)	Added 01/01/2015	X	
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)	Added 08/23/2019	X	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace		X	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Added 01/01/2017	X	X
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)	Added 01/01/2017	X	X
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Added 01/01/2017	X	X
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)	Added 01/01/2017	X	X
22899	Unlisted procedure, spine	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
22999	Unlisted procedure, abdomen, musculoskeletal system		X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23000	Removal of subdeltoid calcareous deposits, open	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23020	Capsular contracture release (eg, Sever type procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23030	Incision and drainage, shoulder area; deep abscess or hematoma	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23031	Incision and drainage, shoulder area;infected bursa	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, orremovalof foreign body	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23065	Biopsy, soft tissue of shoulder area; superficial	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23066	Biopsy, soft tissue of shoulder area;deep	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular);5 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23076	Excision, soft tissue tumor, shoulder area;deep, subfascial, or intramuscular	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23100	Arthrotomy, glenohumeral joint, including biopsy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision oftorn cartilage	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23106	Arthrotomy;sternoclavicular joint, with synovectomy, with or without biopsy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose orforeignbody	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23120	Claviculectomy; partial	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with autograft (includesobtaining graft)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus;with autograft (includes obtaining graft)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus;with allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),clavicle	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),scapula	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis),proximalhumerus	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23200	Radical resection for tumor; clavicle	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23210	Radical resection for tumor;scapula	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23220	Radical resection of bone tumor, proximal humerus;	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23330	Removal of foreign body, shoulder; subcutaneous	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;chronic	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23415	Coracoacromial ligament release, with or without acromioplasty	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23430	Tenodesis of long tendon of biceps	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23440	Resection or transplantation of long tendon of biceps	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23455	Capsulorrhaphy, anterior;with labral repair (eg, Bankart procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23460	Capsulorrhaphy, anterior, any type; with bone block	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23462	Capsulorrhaphy, anterior, any type;with coracoid process transfer	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23472	Arthroplasty, glenohumeral joint;total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;proximal humerus	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
23800	Arthrodesis, glenohumeral joint;	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23802	Arthrodesis, glenohumeral joint;with autogenous graft (includes obtaining graft)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
23929	Unlisted procedure, shoulder	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
24300	Manipulation, elbow, under anesthesia		X	
24999	Unlisted procedure, humerus or elbow		X	X
25259	Manipulation, wrist, under anesthesia		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
25675	Closed treatment of distal radioulnar dislocation with manipulation		X	
25999	Unlisted procedure, forearm and wrist		X	X
26341	Manipulation, palmar fascial cord (i.e. Dupuytren's cord, post enzyme injection	Added 08/06/2012	X	
26989	Unlisted procedure, hands or fingers		X	X
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
26991	Incision and drainage, pelvis or hip joint area;infected bursa	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27030	Arthrotomy, hip, with drainage (eg, infection)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27040	Biopsy, soft tissue of pelvis and hip area; superficial	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27041	Biopsy, soft tissue of pelvis and hip area;deep, subfascial or intramuscular	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular);5 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27048	Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27052	Arthrotomy, with biopsy;hip joint	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27054	Arthrotomy with synovectomy, hip joint	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanteroffemur) with or without autograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27066	Excision of bone cyst or benign tumor;deep, with or without autograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27067	Excision of bone cyst or benign tumor;with autograft requiring separate incision	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing ofilium, symphysis pubis, or greater trochanter of femur)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess);deep (subfascial or intramuscular)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27076	Radical resection of tumor or infection;ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27077	Radical resection of tumor or infection;innominate bone, total	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27078	Radical resection of tumor or infection;ischial tuberosity and greater trochanter of femur	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27087	Removal of foreign body, pelvis or hip;deep (subfascial or intramuscular)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27090	Removal of hip prosthesis; (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27091	Removal of hip prosthesis;complicated, including total hip prosthesis, methylmethacrylate with or withoutinsertion of spacer	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27122	Acetabuloplasty;resection, femoral head (eg, Girdlestone procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27137	Revision of total hip arthroplasty;acetabular component only, with or without autograft or allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27138	Revision of total hip arthroplasty;femoral component only, with or without allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27146	Osteotomy, iliac, acetabular or innominate bone;	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27147	Osteotomy, iliac, acetabular or innominate bone;with open reduction of hip	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27151	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27156	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy and with open reduction of hip	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27161	Osteotomy, femoral neck (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27176	Treatment of slipped femoral epiphysis;by single or multiple pinning, in situ	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaininggraft)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27178	Open treatment of slipped femoral epiphysis;closed manipulation with single or multiple pinning	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27179	Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck (Heyman type procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27181	Open treatment of slipped femoral epiphysis;osteotomy and internal fixation	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoralneckand proximal femur	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Added 01/01/2017	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Added 01/01/2017	X	
27275	Manipulation, hip joint, requiring general anesthesia		X	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Added 01/01/2015	X	
27280	Arthrodesis, sacroililiac joint (including obtaining graft)	Added 08/19/2013	X	
27299	Unlisted procedure, pelvis or hip joint	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27323	Biopsy, soft tissue of thigh or knee area; superficial	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27324	Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27328	Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27330	Arthrotomy, knee; with synovial biopsy only	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27331	Arthrotomy, knee;including joint exploration, biopsy, or removal of loose or foreign bodies	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;medial AND lateral	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27335	Arthrotomy, with synovectomy, knee;anterior AND posterior including popliteal area	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27340	Excision, prepatellar bursa	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27355	Excision or curettage of bone cyst or benign tumor of femur;	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27356	Excision or curettage of bone cyst or benign tumor of femur;with allograft	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27357	Excision or curettage of bone cyst or benign tumor of femur;with autograft (includes obtaining graft)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27358	Excision or curettage of bone cyst or benign tumor of femur;with internal fixation (List in addition to code for primary procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27365	Radical resection of tumor, bone, femur or knee	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	Added 01/01/2019 Removed 04/01/2020	X	
27372	Removal of foreign body, deep, thigh region or knee area	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27403	Arthrotomy with meniscus repair, knee	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27407	Repair, primary, torn ligament and/or capsule, knee;cruciate	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27409	Repair, primary, torn ligament and/or capsule, knee;collateral and cruciate ligaments	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27412	Autologous chondrocyte implantation, knee	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
27415	Osteochondral allograft, knee, open	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
27416	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27422	Reconstruction of dislocating patella;with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27424	Reconstruction of dislocating patella;with patellectomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27425	Lateral retinacular release, open	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27428	Ligamentous reconstruction (augmentation), knee;intra-articular (open)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27429	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27438	Arthroplasty, patella; with prosthesis	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27440	Arthroplasty, knee, tibial plateau	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27448	Osteotomy, femur, shaft or supracondylar; without fixation	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27450	Osteotomy, femur, shaft or supracondylar;with fixation	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27465	Osteoplasty, femur; shortening (excluding 64876)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27466	Osteoplasty, femur;lengthening	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27468	Osteoplasty, femur;combined, lengthening and shortening with femoral segment transfer	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27472	Repair, nonunion or malunion, femur, distal to head and neck;with iliac or other autogenous bone graft (includes obtaining graft)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27486	Revision of total knee arthroplasty, with or without allograft; one component	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
27599	Unlisted procedure, femur or knee	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
27702	Arthroplasty, ankle; with implant (total ankle)		X	
27703	Arthroplasty, ankle; revision, total ankle		X	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)		X	
27870	Arthrodesis, ankle, open	Added 07/01/2021	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
27899	Unlisted procedure, leg or ankle	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
28446	Open osteochondral autograft, talus (includes obtaining graft(s))		X	X
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia		X	X
28899	Unlisted procedure, foot or toes		X	X
29799	Unlisted procedure, casting or strapping		X	X
29800	Arthroscopy, temporomandibular joint (TMJ), diagnostic, with or without synovial biopsy (separate procedure)		X	
29804	Arthroscopy , temporomandibular joint (TMJ), surgical		X	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29822	Arthroscopy, shoulder, surgical; debridement, limited	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29828	Arthroscopy, shoulder, surgical;biceps tenodesis	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes art hroscopy)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29862	Arthroscopy, hip, surgical;with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29863	Arthroscopy, hip, surgical;with synovectomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29868	Arthoscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29873	Arthroscopy, knee, surgical;with lateral release	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29874	Arthroscopy, knee, surgical;for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29875	Arthroscopy, knee, surgical;synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29876	Arthroscopy, knee, surgical;synovectomy, major, two or more compartments (eg, medial or lateral)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29877	Arthroscopy, knee, surgical;debridement/shaving of articular cartilage (chondroplasty)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29879	Arthroscopy, knee, surgical;abrasion arthroplasty (includes chondroplasty where necessary) or multipledrillingor microfracture	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29880	Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29882	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29883	Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29884	Arthroscopy, knee, surgical;with lysis of adhesions, with or without manipulation (separate procedure)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29885	Arthroscopy, knee, surgical;drilling for osteochondritis dissecans with bone grafting, with or withoutinternalfixation (including debridement of base of lesion)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29886	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29887	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion with internal fixation	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29914	Arthroscopy, hip, surgical;with femoroplasty (ie, treatment of cam lesion)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29915	Arthroscopy, hip, surgical;with acetabuloplasty (ie, treatment of pincer lesion)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
29916	Arthroscopy, hip, surgical;with labral repair	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
29999	Unlisted procedure, arthroscopy	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
30150	Rhinectomy; partial		X	X
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip		X	X
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip		X	X
30420	Rhinoplasty, primary; including major septal repair		X	X
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)		X	X
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)		X	X
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)		X	X
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip an palate, including columellar lengthening; tip, septum, osteotomies		X	X
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		X	X
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Added 01/01/2021	X	X
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)		X	X
30999	Unlisted procedure, nose		X	X
31253*	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Added 01/01/2018 Removed 04/01/2021	X	
31257*	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Added 01/01/2018 Removed 04/01/2021	X	
31259*	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Added 01/01/2018 Removed 04/01/2021	X	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Added 08/26/2016	X	
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Added 08/26/2016	X	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Added 08/26/2016	X	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Added 01/01/2018	X	
31299	Unlisted procedure, accessory sinuses		X	X
31599	Unlisted procedure, larynx		X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
31643	Bronchoscopy (rigid or flexible), with placement of catheter for intracavitary radioelement application	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Added 01/01/2013	X	
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Added 01/01/2013	X	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Added 01/01/2013	X	X
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Added 01/01/2013	X	X
31899	Unlisted procedure, trachea, bronchi		X	X
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	Added 07/01/2011	X	
32553	Placement of interstitial device for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
32664	Thoracoscopy, surgical; with thoracic sympathectomy		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
32850	Donor Pneumonectomy(s), from cadaver donor	Added 02/17/2014	X	X
32851	Lung transplant, single; without cardiopulmonary bypass		X	X
32852	Lung transplant, single; with cardiopulmonary bypass		X	X
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass		X	X
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass		X	X
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	Added 01/01/2018 Removed 5/8/2020	X	X
32999	Unlisted procedure, lungs and pleura		X	X
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Added 02/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Added 02/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Added 02/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	Added 10/01/2018	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 10/01/2018	X	
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads	Added 01/01/2012	X	
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads	Added 01/01/2012	X	
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	Added 07/01/2011	X	
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Added 02/18/2013	X	
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	Added 01/01/2015	X	
33271	Insertion of subcutaneous implantable defibrillator electrode	Added 01/01/2015	X	
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	Effective 02/01/2021, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Added 01/01/2019	X	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Added 01/01/2019	X	X
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Added 10/25/2019	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2019	X	X
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	Added 01/01/2017	X	X
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Added 01/01/2013	X	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Added 01/01/2013	X	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Added 01/01/2013	X	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Added 01/01/2013	X	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Added 01/01/2013	X	
33366	Transcatheter transapical replacemt aortic valve	Added 01/01/2014	X	
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Added 01/01/2013	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Added 01/01/2013	X	
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Added 01/01/2013	X	
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Added 01/01/2015	X	X
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Added 01/01/2015	X	X
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Added 01/01/2016	X	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)		X	
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora	Added 02/06/2012	X	
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t	Added 02/06/2012	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	Added 02/06/2012	X	
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separatel	Added 02/06/2012	X	
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	Added 02/06/2012	X	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Added 01/01/2018	X	X
33928	Removal and replacement of total replacement heart system (artificial heart)	Added 01/01/2018	X	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Added 01/01/2018	X	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy		X	X
33945	Heart transplant, with or without recipient cardiectomy		X	X
33975	Insertion of ventricular assist device; extracorporeal, single ventricle		X	X
33976	Insertion VAD Extracorporeal, biventricular	Added 08/19/2013	X	X
33979	Insertion VAD Implantable intracorporeal, single vent	Added 08/19/2013	X	X
33981	Replace extracorporeal VAD, single or bivent pump	Added 08/19/2013	X	X
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	Added 01/01/2013	X	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	Added 01/01/2013	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Added 01/01/2013	X	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Added 01/01/2021	X	X
33999	Unlisted procedure, cardiac surgery		X	X
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	Added 01/01/2020	X	X
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	Added 01/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
34841	Endovasc viscer aorta repair fenest 1 endograft	Added 01/01/2014	X	X
34842	Endovasc viscer aorta repair fenest 2 endograft	Added 01/01/2014	X	X
34843	Endovasc viscer aorta repair fenest 3 endograft	Added 01/01/2014	X	X
34844	Endovasc viscer aorta repr fenest 4+ endograft	Added 01/01/2014	X	X
34845	Viscer and infrarenal abdom aorta 1 prosthesis	Added 01/01/2014	X	X
34846	Viscer and infrarenal abdom aorta 2 prosthesis	Added 01/01/2014	X	X
34847	Viscer and infrarenal abdom aorta 3 prosthesis	Added 01/01/2014	X	X
34848	Viscer and infrarenal abdom aorta 4+ prosthesis	Added 01/01/2014	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft		X	X
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Added 08/27/2015	X	
36299	Unlisted procedure, vascular injection		X	X
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)	Added 01/01/2018	X	X
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	Added 01/01/2018	X	X
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk		X	X
36470	Injection of sclerosing solution; single vein		X	X
36471	Injection of sclerosing solution; multiple veins, same leg		X	X
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Added 01/01/2017	X	X
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Added 01/01/2017	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		X	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		X	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated		X	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)		X	
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	Added 01/01/2018	X	X
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Added 01/01/2018	X	X
36514	Therapeutic apheresis; for plasma pheresis		X	
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
36522	Photopheresis, extracorporeal		X	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Added 10/25/2019	X	
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Added 10/25/2019	X	
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Added 10/25/2019	X	X
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Added 10/25/2019	X	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Added 04/01/2019	X	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Added 04/01/2019	X	
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)	Added 04/01/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 04/01/2019	X	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Added 04/01/2019	X	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Added 04/01/2019	X	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Added 04/01/2019	X	
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	Added 04/01/2019	X	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Added 04/01/2019	X	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Added 04/01/2019	X	
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	Added 04/01/2019	X	

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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	Added 04/01/2019	X	
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)	Added 04/01/2019	X	
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)	Added 04/01/2019	X	
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)	Added 04/01/2019	X	
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)	Added 04/01/2019	X	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Added 08/23/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
37241	Vascular embolization or occlusion venous rs&i	Added 01/01/2014	X	
37244	Vascular embolization or occlusion hemorrhage	Added 01/01/2014	X	X
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	Added 08/23/2019	X	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Added 08/23/2019	X	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)		X	
37501	Unlisted vascular endoscopy procedure		X	X
37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions		X	
37718	Ligation, division, and stripping, short saphenous vein		X	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below		X	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia		X	

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37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open		X	
37761	Ligate leg veins open		X	
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions		X	
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions		X	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction		X	
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg		X	
37790	Penile venous occlusive procedure		X	
37799	Unlisted procedure, vascular surgery		X	X
38129	Unlisted laparoscopy procedure, spleen		X	X
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition		X	X
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic		X	X
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous		X	X
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage		X	X
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing		X	X
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing		X	X
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion		X	X
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion		X	X

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38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal		X	X
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion		X	X
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion		X	X
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer		X	X
38230	Bone marrow harvesting for transplantation		X	X
38232	Bone marrow harvesting for transplantation; autologous	Added 01/01/2012	X	X
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic		X	X
38241	Bone marrow or blood derived peripheral stem cell, transplantation autologous		X	X
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusion		X	X
38243	Hematopoietic progenitor cell (HPC); HPC boost	Added 01/01/2013	X	X
38589	Unlisted laparoscopy procedure, lymphatic system		X	X
38999	Unlisted procedure, hemic or lymphatic system		X	X
39499	Unlisted procedure, mediastinum		X	X
39599	Unlisted procedure, diaphragm		X	X
40799	Unlisted procedure, lips		X	X
40899	Unlisted procedure, vestibule of mouth		X	X
41019	Placement of needles, catheters, and other devices into the head and/or neck region	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
41512	TONGUE SUSPENSION		X	
41530	TONGUE BASE VOL REDUCTION		X	
41599	Unlisted procedure, tongue, floor of mouth		X	X

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41820	Gingivectomy, excision gingiva, each quadrant		X	
41874	Alveoloplasty, each quadrant (specify)		X	
41899	Unlisted procedure, dentoalveolar structures		X	X
42140	EXCISION OF UVULA		X	
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)		X	
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)		X	
42299	Unlisted procedure, palate, uvula		X	X
42699	Unlisted procedure, salivary glands or ducts		X	X
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)		X	
42999	Unlisted procedure, pharynx, adenoids, or tonsils		X	X
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43206	Esophagoscopy, rigid or flexible; with optical endomicroscopy	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Added 08/26/2016	**X**	**X**

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43211	Esophagoscopy flexible transoral mucosal resection	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43212	Esophagoscopy transoral stent placement	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43213	Esophagoscopy retrograde dilate balloon/other	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43214	Esophagoscopy dilate esophagus balloon 30 mm	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
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)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43241	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; w/ transendoscopic intraluminal tube or catheter placement	Added 08/01/2012. Effective 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021; otherwise, Cigna will manage the precertification.	X	
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treament of gastroesophageal reflux disease		**X**	**X**

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
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)	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Added 01/01/2017	**X**	**X**
43285	Removal of esophageal sphincter augmentation device	Added 01/01/2017	**X**	
43289	Unlisted laparoscopy procedure, esophagus		**X**	**X**
43499	Unlisted procedure, esophagus		**X**	**X**
43631	Gastrectomy, partial, distal; with gastroduodenostomy		**X**	
43632	Gastrectomy, partial, distal; with gastrojejunostomy		**X**	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction		X	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch		X	
43644	Laparoscopy, surgical, gastic restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)		X	
43645	Laparoscopy, surgical, gastic restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption		X	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum		X	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum		X	
43659	Unlisted laparoscopy procedure, stomach		X	X
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components		X	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only		X	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only		X	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only		X	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components		X	
43775	Lap sleeve gastrectomy		X	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty		X	
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)		X	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy		X	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption		X	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)		X	
43855	REVISE STOMACH-BOWEL FUSION		X	
43860	REVISE STOMACH-BOWEL FUSION		X	
43865	REVISE STOMACH-BOWEL FUSION		X	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open		X	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only		X	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only		X	
43999	Unlisted procedure, stomach		X	X
44132	Donor enterectomy, open; from cadaver donor	Added 02/17/2014	X	X
44133	Donor enterectomy, open; partial, from living donor	Added 02/17/2014	X	X
44135	Intestinal allotransplantation; from cadaver donor	Added 02/17/2014	X	X
44136	Intestinal allotransplantation; from living donor		X	X
44238	Unlisted laparoscopy procedure, intestine (except rectum)		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Added 01/01/2013	X	
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		X	X
44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each		X	X
44721	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each		X	X
44799	Unlisted procedure, intestine		X	X
44899	Unlisted procedure, Meckel's diverticulum and the mesentery		X	X
44979	Unlisted laparoscopy procedure, appendix		X	X
45399	Unlisted procedure, colon	Added 01/01/2015	X	X
45999	Unlisted procedure, rectum		X	X
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Added 01/01/2015 Removed 09/11/2020	X	
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Added 01/01/2015 Removed 09/11/2020	X	
46707	Repair anorectal fist w/plug		X	X
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Added 01/01/2020 Removed 04/01/2021	X	X
46999	Unlisted procedure, anus		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age		X	X
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)		X	X
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)		X	X
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)		X	X
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	Added 08/26/2016	X	X
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])	Added 08/26/2016	X	X
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])	Added 08/26/2016	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
47146	Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each		X	X
47147	Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each		X	X
47379	Unlisted laparoscopic procedure, live		X	X
47399	Unlisted procedure, liver		X	X
47579	Unlisted laparoscopy procedure, biliary tract		X	X
47999	Unlisted procedure, biliary tract		X	X
48160	PANCREAS REMOVAL/TRANSPLANT		X	X
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Added 08/26/2016	X	X
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	Added 08/26/2016	X	X
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Added 08/26/2016	X	X
48554	Transplantation of pancreatic allograft		X	X
48556	Removal of transplanted pancreatic allograft		X	X
48999	Unlisted procedure, pancreas		X	X
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum		X	X
49411	Placement of interstitial device(s) for radiation therapy guidance, Open, Intra-abdominal, Intra-pelvic and/or retroperitoneum, including image guidance, single or multiple	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy		X	X
49999	Unlisted procedure, abdomen, peritoneum and omentum		X	X
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)		X	X
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		X	X
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each		X	X
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each		X	X
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each		X	X
50340	Recipient nephrectomy (separate procedure)		X	X
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy		X	X
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy		X	X
50370	Removal of transplanted renal allograft		X	X
50380	Renal autotransplantation, reimplantation of kidney		X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)		X	X
50549	Unlisted laparoscopy procedure, renal		X	X
50949	Unlisted laparoscopy procedure, ureter		X	X
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Added 01/01/2015	X	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Added 01/01/2015	X	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Added 01/01/2019	X	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence		X	X
53899	Unlisted procedure, urinary system		X	X
54125	Amputation of penis; complete	Added 2/16/2015	X	
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days		X	X
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)		X	
54401	Insertion of penile prosthesis; inflatable (self-contained)		X	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir		X	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis		X	
54410	Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session		X	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue		X	
54660	Insertion of testicular prosthesis (separate procedure)	Added 08/19/2013 Removed 08/13/2021	X	X
54699	Unlisted laparoscopy procedure, testis		X	X
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Added 01/01/2018 Removed 07/01/2021	X	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or out cytosocopy	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
55876	Fiducial marker placement in the prostate	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Added 01/01/2021	X	
55899	Unlisted procedure, male genital system		X	X
55920	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
55970	Intersex surgery; male to female		X	
55980	Intersex surgery; female to male		X	
56620	Vulvectomy simple; partial		X	X
56805	Clitoroplasty for intersex state	Added 02/16/2015	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
57110	Vaginectomy, complete removal of vaginal wall	Added 02/16/2015	X	X
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
57291	Construction of artificial vagina; without graft	Added 02/16/2015	X	
57292	Construction of artificial vagina; with graft	Added 02/16/2015	X	
57335	Vaginoplasty for intersex state	Added 02/16/2015	X	
57700	Cerclage of uterine cervix, nonobstetrical	Added 08/19/2013	X	X
58346	Insertion of Heyman capsulesfor clinical brachytherapy	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
58578	Unlisted laparoscopy procedure, uterus		X	X
58579	Unlisted hysteroscopy procedure, uterus		X	X
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Added 01/01/2017 Removed 08/13/2021	X	X
58679	Unlisted laparoscopy procedure, oviduct, ovary		X	X
58999	Unlisted procedure, female genital system (nonobstetrical)		X	X
59897	Unlisted fetal invasive procedure, including ultrasound guidance		X	X
59898	Unlisted laparoscopy procedure, maternity care and delivery		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
59899	Unlisted procedure, maternity care and delivery		X	X
60699	Unlisted procedure, endocrine system		X	X
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	Added 10/25/2019	X	X
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Added 10/25/2019	X	X
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Added 10/25/2019	X	X
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Added 02/17/2014 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Added 02/17/2014 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Added 02/17/2014 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Added 02/17/2014 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
61800	Applicaton of sterotactic headframe for sterotactic radiosurgery (List separately in addition to code for primary procedure)	Added 02/17/2014 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
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	Added 02/18/2013	X	
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	Added 02/18/2013	X	
61880	Revision or removal of intracranial neurostimulator electrodes	Added 02/18/2013 Removed 02/01/2021	X	
61885	Insertion or replacement of cranial neurostimulat or pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array		X	
61886	Insertion or replacement of cranial neurostimulat or pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays		X	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Added 02/18/2013	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, cervical or thoracic	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, lumbar, sacral (caudal)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous diskectomy, percutaneous laser diskectomy)		X	X
62290	Injection procedure for discography, each level; lumbar		X	
62291	Injection procedure for discography, each level; cervical or thoracic	Added 02/06/2012	X	X
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	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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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)	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Added 01/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump;with laminectomy	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
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	Added 01/01/2017	X	X
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis		X	
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)		X	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar		X	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)		X	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 07/01/2021	X	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; lumbar		X	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)		X	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disk)		X	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)		X	
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		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)		X	
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		X	
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)		X	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion		X	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)		X	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	

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63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Added 01/01/2020 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural;cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (lr nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
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	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64510	Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	

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64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	Added 01/01/2016 All markets are effective with eviCore Healthcare except for Hawaii, Puerto Rico and Guam	X	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve		X	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		X	X
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed		X	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming		X	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator		X	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		X	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		X	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)		X	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling		X	
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral		X	
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)		X	

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64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Added 01/01/2013	X	
64620	Destruction by neurolytic agent, intercostal nerve	Added 01/01/2016	X	
64624*	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Added 01/01/2020 Removed 04/01/2020	X	X
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Added 01/01/2012 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
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)	Added 01/01/2012 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Added 01/01/2012 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
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)	Added 01/01/2012 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam effective 1/1/2016	X	
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	Added 08/23/2019	X	

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64804	Sympathectomy, cervicothoracic		X	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	Added 01/01/2018	X	X
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Added 01/01/2018	X	X
64999	Unlisted procedure, nervous system	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	X
65710	Keratoplasty (corneal transplant); lamellar		X	
65760	Keratomileusis		X	X
65765	Keratophakia		X	X
65767	Epikeratoplasty	Added 08/06/2012	X	
65771	Radial Keratotomy	Added 08/06/2012	X	X
65772	Corneal relaxing incision for correction of surgically induced astigmatism		X	X
65785	Implantation of intrastromal corneal ring segments	Added 01/01/2016	X	
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent		X	
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent		X	
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	Added 01/01/2015	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Added 01/01/2014	X	
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Added 01/01/2015	X	
66999	Unlisted procedure, anterior segment of eye		X	X
67299	Unlisted procedure, posterior segment		X	X
67399	Unlisted procedure, ocular muscle		X	X
67599	Unlisted procedure, orbit		X	X
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)		X	X
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material		X	X
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)		X	X
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach		X	X
67904	Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach		X	X
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)		X	X
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)		X	X
67909	Reduction of overcorrection of ptosis		X	X
67911	Correction of lid retraction		X	X
67999	Unlisted procedure, eyelids		X	X

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68899	Unlisted procedure, lacrimal system		X	X
69300	Otoplasty, protruding ear, with or without size reduction		X	X
69399	Unlisted procedure, external ear		X	X
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Added 01/01/2021	X	X
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Added 01/01/2021	X	X
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy		X	X
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy		X	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy		X	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy		X	
69799	Unlisted procedure, middle ear		X	X
69930	Cochlear device implantation, with or without mastoidectomy		X	
69949	Unlisted procedure, inner ear		X	X
69979	Unlisted procedure, temporal bone, middle fossa approach		X	X
70336	MRI (e.g., proton) imaging, temporomandibular joint(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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70450	Computed tomography (CT), head or brain; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70460	Computed tomography (CT), head or brain; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70470	Computed tomography (CT), head or brain; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70480	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70481	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70482	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70486	Computed tomography (CT), maxillofacial area; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70487	Computed tomography (CT), maxillofacial area; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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70488	Computed tomography (CT), maxillofacial area; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70490	Computed tomography (CT), soft tissue neck; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70491	Computed tomography (CT), soft tissue neck; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70492	Computed tomography (CT), soft tissue neck; without contrast material followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70540	MRI orbit, face, neck, without contrast materials	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70542	MRI, orbit, face and neck, with contrast materials	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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70543	MRI, orbit, face and neck, without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70544	MRA, head; without contrast materials	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70545	MRA, head; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70546	MRA, head; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70547	MRA, neck; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70548	MRA, neck; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70549	MRA, neck; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70551	MRI, brain, including brain stem; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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70552	MRI brain, including brain stem; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70553	MRI, brain, including brain stem; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71250	Computed tomography (CT), thorax; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71260	Computed tomography (CT), thorax; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71270	Computed tomography (CT), thorax; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Added 01/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71552	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
71555	MRA, chest (excluding myocardium), with or without contrast materials	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72125	Computed tomography (CT), cervical spine; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72126	Computed tomography (CT), cervical spine; with contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72127	Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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72128	Computed tomography (CT), thoracic spine; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72129	Computed tomography (CT), thoracic spine; with contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72130	Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72131	Computed tomography (CT), lumbar spine; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72132	Computed tomography (CT), lumbar spine; with contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72133	Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72141	MRI, spinal canal and contents, cervical; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72142	MRI, spinal canal and contents, cervical; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
72146	MRI, spinal canal and contents, thoracic; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72147	MRI spinal canal and contents, thoracic; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72148	MRI spinal canal and contents, lumbar; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72149	MRI, spinal canal and contents, lumbar; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72156	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72157	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72158	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72159	MRA, spinal canal and contents, with or without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72192	Computed tomography (CT), pelvis; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72193	Computed tomography (CT), pelvis; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72195	MRI, pelvis; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72196	MRI, pelvis; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72197	MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
72198	MRA, pelvis, with or without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
72285	Discography, cervical or thoracic, radiological supervision and interpretation	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	X
73200	Computed tomography (CT), upper extremity; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73201	Computed tomography (CT), upper extremity; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73218	MRI, upper extremity, other than joint; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73219	MRI, upper extremity, other than joint; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73220	MRI, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
73221	MRI, any joint of upper extremity; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73222	MRI, any joint of upper extremity; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73223	MRI, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73225	MRA, upper extremity, with or without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73700	Computed tomography (CT), lower extremity; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73701	Computed tomography (CT), lower extremity; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73702	Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
73718	MRI, lower extremity other than joint; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73719	MRI, lower extremity other than joint; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73720	MRI, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73721	MRI, any joint of lower extremity; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73722	MRI, any joint of lower extremity; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73723	MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
73725	MRA, lower extremity, with or without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74150	Computed tomography (CT), abdomen; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
74160	Computed tomography (CT), abdomen; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74176	Computed tomography, abdomen and pelvis; without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74181	MRI, abdomen; without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
74182	MRI, abdomen; with contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74183	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74185	MRA, abdomen, with or without contrast material(s)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74261	Ct colonography, w/o dye	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74262	Ct colonography, w/dye	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
74263	Ct colonography, screen	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences; with stress imaging	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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 LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	Removed 02/01/2021 All markets were effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
76380	Computed tomography (CT), limited or localized follow-up study	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
76390	Magnetic resonance spectroscopy (MRS)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
76391	Magnetic resonance (eg, vibration) elastography	Added 01/01/2019 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	X
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	X
76499	Unlisted diagnostic radiographic procedure		X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
76873	US transrectal prostate volume study for brachytherapy	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
76965	Ultrasound guidance for interstitial radioelement application	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
77011	Computed Tomography Guidance for Stereotactic Localization	Added 08/01/2012	X	
77014	CT guidance for placement of radiation therapy fields	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Added 01/01/2019 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Added 01/01/2019 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	Added 01/01/2019 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2019 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
77261	Therapeutic Radiology treatment planning; simple	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77262	Therapeutic Radiology treatment planning; intermediate	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77263	Therapeutic Radiology treatment planning; complex	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77280	Therapeutic Radiology Simulation; simple	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77285	Therapeutic Radiology Simulation; intermediate	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77290	Therapeutic Radiology Simulation; complex	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77293	Respiratory motion management simulation	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77295	Therapeutic Radiology Simulation 3-Dimensional	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77299	Unlisted procedure; Therapeutic Radiology treatment planning	Added 08/01/2012 Removed 04/01/2020 Precertification previously delegated to eviCore healthcare National Radiation Therapy Program	X	X
77300	Basic Radiation Dosimetry	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77301	IMRT Planning	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
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)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Added 01/01/2015 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77321	Special Teletherapy port plan, particles, hemibody, total body	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77331	Special radiation dosimetry	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77332	Treatment Devices; simple	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77333	Treatment Devices; intermediate	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77334	Treatment Devices; complex	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77336	Continuing medical physics consultation	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77338	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77370	Special medical physics consultation	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77371	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac based	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77399	Unlisted procedure, medical radiation physics	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77401	Radiation treatment delivery; superficial and/or ortho voltage	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77402	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks up to 5 MeV	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77407	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; up to 5 MeV	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; up to 5 MeV	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77417	Therapeutic Radiology Port Films	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
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)	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77427	Radiation treatment management, five treatments	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77431	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77432	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	Added 07/01/2011 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77469	Intraoperative radiation treatment management	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Updated description (January 2012)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77499	Unlisted procedure, therapeutic radiology treatment management	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77520	Proton treatment delivery; simple, without compensation	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77522	Proton treatment delivery; simple, with compensation	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77523	Proton treatment delivery; intermediate	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77525	Proton treatment delivery; complex	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77600	Hyperthermia treatment; externally generated, deep	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77605	Hyperthermia treatment; externally generated, superficial	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer applicators	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77615	Hyperthermia generated by interstitial probe(s); 5 or more applicators	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77620	Hyperthermia generated by intracavitary probe(s)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77761	Intracavitary radiation source application; simple	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77762	Intracavitary radiation source application; intermediate	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77763	Intracavitary radiation source application; complex	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Added 01/01/2016 Precertification delegated to eviCore healthcare National Radiation	X	X
77778	Interstitial radiation source application; complex	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77789	Apply surface radiation	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77790	Radio Isotope Supervision, Handling, Loading	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
77799	Unlisted procedure, clinical brachytherapy	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine		X	X
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine		X	X
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	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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);	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Added 01/01/2020 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78456	Acute venous thrombosis imaging, peptide	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	X
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78813	Positron emission tomography (PET) imaging; whole body	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
79005	Radiopharmaceutical therapy, by oral administration	Added 10/25/2019 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
79101	Radiopharmaceutical therapy, by intravenous administration	Added 10/25/2019 Removed 04/01/2020 Precertification previously delegated to eviCore healthcare National Radiation Therapy Program	X	X
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Added 10/25/2019 Removed 04/01/2020 Precertification previously delegated to eviCore healthcare National Radiation Therapy Program	X	X
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Added 01/01/2013 Removed 09/11/2020	X	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	Added 01/01/2016	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Added 01/01/2019	X	
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)	Added 01/01/2019	X	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Added 01/01/2019	X	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Added 01/01/2019	X	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Added 01/01/2019	X	
81170*	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Added 01/01/2016 Removed 04/01/2020	X	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Added 01/01/2019 Removed 09/11/2020	X	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Added 01/01/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Added 01/01/2019 Removed 09/11/2020	X	
81175*	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Added 01/01/2018 Removed 04/01/2020	X	
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)	Added 01/01/2018	X	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Added 01/01/2019	X	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Added 01/01/2019 Removed 09/11/2020	X	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Added 01/01/2019 Removed 09/11/2020	X	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Added 01/01/2019 Removed 09/11/2020	X	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Added 01/01/2013	X	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Added 01/01/2013	X	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Added 01/01/2013	X	
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)	Added 01/01/2019 Removed 09/11/2020	X	
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Added 09/15/2013	X	

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81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Added 01/01/2012	X	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Added 01/01/2012	X	
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Added 01/01/2012	X	
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Added 01/01/2012	X	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Added 01/01/2016	X	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Added 08/06/2012; Removed 08/19/2013; Re-added 02/17/2014	X	
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)	Added 01/01/2012	X	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Added 02/18/2013	X	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Added 02/18/2013	X	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Added 01/01/2018	X	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Added 01/01/2019	X	

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81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
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)	Added 01/01/2013	X	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Added 01/01/2019	X	
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)	Added 01/01/2019	X	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Added 01/01/2019 Removed 09/11/2020	X	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Added 02/18/2013 Removed 09/11/2020	X	
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Added 02/18/2013 Removed 09/11/2020	X	
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 02/18/2013 Removed 09/11/2020	X	
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Added 02/18/2013 Removed 09/11/2020	X	
81246*	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Added 01/01 2015 Removed 04/01/2020	X	
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Added 01/01/2013 Removed 09/11/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Added 01/01/2013 Removed 09/11/2020	X	
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)])	Added 01/01/2013 Removed 09/11/2020	X	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Added 01/01/2019	X	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Added 01/01/2020	X	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Added 01/01/2019 Removed 09/11/2020	X	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Added 01/01/2019 Removed 09/11/2020	X	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Added 01/01/2015	X	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Added 01/01/2019 Removed 09/11/2020	X	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Added 02/18/2013	X	

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81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Added 02/18/2013	X	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013	X	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Added 02/18/2013	X	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Added 02/18/2013	X	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013	X	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Added 02/18/2013	X	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Added 02/18/2013	X	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013	X	
81301*	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Added 09/15/2013 Removed 04/01/2020	X	

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81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Added 02/18/2013 Removed 09/11/2020	X	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013 Removed 09/11/2020	X	
81305*	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Added 01/01/2019 Removed 04/01/2020	X	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Added 01/01/2019	X	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Added 01/01/2020	X	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Added 01/01/2020	X	
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)	Added 01/01/2020	X	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Added 01/01/2015	X	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Added 02/18/2013	X	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Added 02/18/2013	X	

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81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Added 02/18/2013	X	
81320*	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Added 01/01/2019 Removed 04/01/2020	X	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Added 01/01/2013	X	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Added 01/01/2013	X	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Added 01/01/2013	X	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Added 01/01/2013	X	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Added 01/01/2013	X	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Added 01/01/2018	X	
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	Added 01/01/2019 Removed 09/11/2020	X	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Added 02/18/2013	X	

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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)	Added 02/18/2013 Removed 09/11/2020	X	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Added 01/01/2019	X	
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)	Added 01/01/2018 Removed 04/01/2020	X	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Added 01/01/2018	X	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Added 01/01/2019 Removed 09/11/2020	X	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Added 01/01/2019 Removed 09/11/2020	X	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Added 01/01/2019 Removed 09/11/2020	X	
81345*	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Added 01/01/2019 Removed 04/01/2020	X	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Added 01/01/2018 Removed 09/11/2020	X	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Added 01/01/2018 Removed 09/11/2020	X	

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81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Added 01/01/2018 Removed 09/11/2020	X	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Added 01/01/2018 Removed 09/11/2020	X	
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)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain ac	Added 01/01/2012 Removed 04/01/2020	X	
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) ABL (c-abl oncogene 1, receptor tyrosine	Added 01/01/2012 Removed 04/01/2020	X	
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 1 exon	Added 01/01/2012 Removed 04/01/2020	X	
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) ABL1 (c-abl on	Added 01/01/2012 Removed 04/01/2020	X	
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) BTD	Added 01/01/2012 Removed 04/01/2020	X	

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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) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase iso	Added 01/01/2012 Removed 04/01/2020	X	
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, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystroph	Added 01/01/2012 Removed 04/01/2020	X	
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) SCN1A (sodium channel, voltage-gated, type	Added 01/01/2012	X	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1 (ryano	Added 01/01/2012	X	
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, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Added 01/01/2015	X	
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 TGFBR1, TGFBR2, MYH11, and COL3A1	Added 01/01/2015	X	

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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	Added 01/01/2017	X	
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	Added 01/01/2017	X	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Added 01/01/2015	X	
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)	Added 01/01/2015	X	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Added 01/01/2015	X	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Added 01/01/2015	X	
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)	Added 01/01/2015	X	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Added 01/01/2015	X	

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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	Added 01/01/2015	X	
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	Added 01/01/2015	X	
81432*	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	Added 01/01/2016 Removed 04/01/2020	X	
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	Added 01/01/2016 Removed 04/01/2020	X	
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	Added 01/01/2016	X	

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81435*	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2	Added 01/01/2015 Removed 04/01/2020	X	
81436*	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	Added 01/01/2015 Removed 04/01/2020	X	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Added 01/01/2016	X	
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	Added 01/01/2016	X	
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	Added 01/01/2017	X	
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	Added 01/01/2015	X	

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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	Added 01/01/2016	X	
81445*	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Added 01/01/2015 Removed 04/01/2020	X	
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)	Added 01/01/2018	X	
81450*	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Added 01/01/2015 Removed 04/01/2020	X	

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81455*	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Added 01/01/2015 Removed 04/01/2020	X	
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	Added 01/01/2015	X	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Added 01/01/2015	X	
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	Added 01/01/2015	X	
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	Added 01/01/2015	X	
81479	Unlisted molecular pathology procedure	Added 01/01/2013	X	

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81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adoponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Added 01/01/2013	X	
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	Added 01/01/2019	X	
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	Added 01/01/2018 Removed 07/01/2020	X	
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	Added 01/01/2018 Removed 07/01/2020	X	
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	Added 01/01/2020 Removed 07/01/2020	X	
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	Added 01/01/2021	X	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Added 01/01/2016	X	

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81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Added 01/01/2017	X	
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	Added 01/01/2018 Removed 07/01/2020	X	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Added 01/01/2020	X	
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Added 01/01/2016 Removed 07/01/2020	X	
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)	Added 01/01/2021 Removed 08/13/2021	X	
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	Added 01/01/2018	X	
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	Added 01/01/2020	X	
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])	Added 01/01/2021	X	

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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	Added 01/01/2016	X	
81599	Unlisted multianalyte assay with algorithmic analysis	Added 01/01/2013	X	
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	Added 01/01/2015	X	
84999	Unlisted chemistry procedure	Removed 09/11/2020	X	X
85999	Unlisted hematology or coag procedure	Added 08/19/2013	X	X
86486	Skin test; unlisted antigen, each		X	
86849	Unlisted immunology procedure		X	X
88299	Unlisted cytogenetic study		X	X
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Added 01/01/2013	X	X
88749	Unlisted in vivo (eg, transcutaneous) laboratory service		X	X
89240	Unlisted miscellaneous pathology test		X	X
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos		X	X
89329	Sperm evaluation; hamster penetration test		X	
89335	Cryopreservation, reproductive tissue, testicular		X	X
89344	Storage, (per year); reproductive tissue, testicular/ovarian		X	X
89346	Storage, (per year); oocyte		X	X
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian		X	X
89356	Thawing of cryopreserved; oocytes, each aliquot		X	X
89398	Unlisted reprod med lab proc		X	X
90281	Immune globulin, IM use	Added 08/19/2013	X	X
90283	Immune globulin (IgIV), human, for intravenous use		X	X
90284	Immune globulin, subcut infusions; 100 mg each	Added 08/19/2013	X	X

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90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each		X	X
90399	Unlisted immune globulin		X	X
90749	Unlisted vaccine/toxoid		X	X
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning		X	
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session		X	X
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Added 01/01/2012	X	
90899	Unlisted psychiatric service or procedure	Added 2/16/2015	X	X
91110	Gastrointestinal tract imaging, intraluminal (eg. capsule endoscopy), esophagus through ileum, with physician interpretation and report.	Added 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. All other customers: no precertification required.		

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Effective 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers; Texas and Florida IFP added 01/01/2021. Other than ACA and IFP, added 08/01/2008, removed 08/13/2021; Cigna managed precertification.	X	X
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Added 01/01/2013	X	X
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
91299	Unlisted diagnostic gastroenterology procedure	Effective 01/01/2020, precertification delegated to eviCore Gastroenterology Program for all post-Affordable Care Act (ACA) Individual and Family Plan (IFP) customers except Texas and Florida. If service is not submitted with a code delegated to eviCore, Cigna will manage the precertification.	X	X
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	Added 01/01/2019	X	
92499	Unlisted ophthalmological service or procedure		X	X
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual		X	
92700	Unlisted otorhinolaryngological service or procedure		X	X
92971	Cardioassist-method of circulatory assist; external		X	
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	Added 01/01/2019	X	
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;	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93530	Right heart catheterization, for congenital cardiac anomalies	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant		X	
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	Added 02/01/2021	X	
93582	Percutaneous transcatheter closure pat duct arteriosus	Added 01/01/2014	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
93583	Percutaneous transcatheter septal reduction therapy	Added 01/01/2014	X	
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Added 01/01/2017	X	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Added 01/01/2017	X	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Added 01/01/2017	X	
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	Added 01/01/2019	X	
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	Added 01/01/2019	X	
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)	Added 01/01/2019	X	
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)	Added 01/01/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	Added 01/01/2019	X	
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	Added 01/01/2019	X	
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Added 01/01/2015	X	
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; 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	Added 07/01/2018	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	Added 01/01/2019	**X**	
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)	Added 01/01/2019	**X**	
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	Added 07/01/2018	**X**	
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)	Added 07/01/2018	**X**	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	Added 01/01/2019	X	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Added 01/01/2015	X	X
93799	Unlisted cardiovascular service or procedure		X	X
93998	Unlisted noninvasive vascular diagnostic study	Added 01/01/2012	X	X
94799	Unlisted pulmonary service or procedure		X	X
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Added 01/01/2013 eviCore Sleep Management Program	X	
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	Added 01/01/2013 eviCore Sleep Management Program	X	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	eviCore Sleep Management Program	X	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	eviCore Sleep Management Program	X	
95803	Actigraphy Testing, Recording, Analysis, Interpretation, And Report (Minimum Of 72 Hours To 14 Consecutive Days Of Recording)	Removed 11/07/2020	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Added 02/18/2013 eviCore Sleep Management Program	X	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Added 02/18/2013 eviCore Sleep Management Program	X	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Added 02/18/2013 eviCore Sleep Management Program	X	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Added 02/18/2013 eviCore Sleep Management Program	X	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Added 02/18/2013 eviCore Sleep Management Program	X	
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	Added 02/18/2013 eviCore Sleep Management Program	X	
95999	Unlisted neurological or neuromuscular diagnostic procedure		X	X
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		X	X
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		X	X
96999	Unlisted special dermatological service or procedure	Removed 02/01/2021	X	X
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	Added 01/01/2019 Removed 11/07/2020	X	
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	Added 01/01/2019 Removed 11/07/2020	X	
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	Added 01/01/2019	X	
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	Added 01/01/2019	X	
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	Added 01/01/2019	X	
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	Added 01/01/2019	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2019	X	
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	Added 01/01/2019	X	
97610	Low frequency non-thermal ultrasound per day	Added 01/01/2014	X	
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session		X	
99199	Unlisted special service, procedure or report		X	X
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	Added 10/25/2019	X	
99501	Home visit for postnatal assessment and follow-up care	Added 10/25/2019	X	
99502	Home visit for newborn care and assessment	Added 10/25/2019	X	
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Added 10/25/2019	X	
99504	Home visit for mechanical ventilation care	Added 10/25/2019	X	
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	Added 10/25/2019	X	
99506	Home visit for intramuscular injections	Added 10/25/2019	X	
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Added 10/25/2019	X	
99509	Home visit for assistance with activities of daily living and personal care	Added 10/25/2019	X	
99510	Home visit for individual, family, or marriage counseling	Added 10/25/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
99511	Home visit for fecal impaction management and enema administration	Added 10/25/2019	X	
99512	Home visit for hemodialysis	Added 2/16/2015	X	
99600	Unlisted home visit service or procedure		X	
A0140	Nonemergency transport air		X	
A0430	Fixed wing air transport		X	
A0435	Fixed wing air mileage		X	
A0999	Unlisted ambulance service		X	X
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Added 01/01/2014 Removed 09/11/2020	X	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	Added 01/01/2019	X	X
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	Precertification delegated to eviCore Diagnostic Radiology Program effective 02/17/2017. Precertification required for Affordable Care Act Individual Family Plan customers effective 1/1/2018.	X	
A4648	Tissue marker, implantable, any type each	Added 08/01/2012	X	
A4650	Implant radiation dosimeter, each	Added 08/01/2012	X	
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Added 04/01/2019	X	
A7047	Oral interface used with respiratory suction pump, each	Added 01/01/2014 Removed 11/07/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Added 07/01/2021 Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Added 07/01/2021 Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Added 07/01/2021 Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Added 01/01/2019 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Added 10/25/2019 Removed 04/01/2020 Precertification previously delegated to eviCore healthcare National Radiation Therapy Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
A9590	Iodine i-131, iobenguane, 1 millicurie	Added 01/01/2020 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie	Added 07/01/2021	X	X
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie	Added 07/01/2021	X	X
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 04/01/2018	X	X
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Added 01/01/2019	X	X
B4187	Omegaven, 10 grams lipids	Added 01/01/2020	X	X
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Added 01/01/2021	X	
C1715	Brachytherapy needle	Added 08/01/2012	X	
C1716	Brachytherapy source, non-stranded, gold-198, per ...	Added 08/01/2012	X	
C1717	Brachytherapy source, non-stranded, gold-198 per…	Added 08/01/2012	X	
C1719	Brachytherapy source, non-stranded, non-high dose ...	Added 08/01/2012	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C1728	Catheter, brachytherapy seed administration	Added 08/01/2012	X	
C1761	Catheter, transluminal intravascular lithotripsy, coronary	Added 07/01/2021	X	X
C1762	Connective tissue, human (includes fascia lata)	Added 2/16/2015	X	X
C1764	Event recorder, cardiac (implantable)	Added 10/25/2019	X	
C1767	Generator, neurostimulator (implantable), nonrechargeable	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
C1772	Infusion pump, programmable (implantable)	Added 07/01/2021 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	

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C1778	Lead, neurostimulator (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
C1787	Patient programmer, neurostimulator	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
C1821	Interspinous process distraction device (implantable)		X	X
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Added 01/01/2016	X	
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Added 01/01/2019	X	
C1824	Generator, cardiac contractility modulation (implantable)	Added 01/01/2020	X	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Added 01/01/2021	X	
C1839	Iris prosthesis	Added 01/01/2020	X	X
C1840	LENS, INTRAOCULAR (TELESCOPIC	Added 10/01/2011	X	
C1841	Retinal prosthesis, includes all internal and external components	Added 10/01/2013	X	X
C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841	Added 01/01/2017	X	X
C1849	Skin substitute, synthetic, resorbable, per square centimeter	Added 07/01/2020	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified	Added 01/01/2017	X	X
C1897	Lead, neurostimulator test kit (implantable)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
C2596	Probe, image-guided, robotic, waterjet ablation	Added 01/01/2020	X	
C2614	Probe, percutaneous lumbar discectomy		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C2616	Brachytherapy source, non-stranded, yttrium -90, per source	Added 08/01/2012 Removed 04/01/2020 Precertification previously delegated to eviCore healthcare National Radiation Therapy Program effective 9/29/17	X	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Added 01/01/2015	X	X
C2634	Brachytherapy source, non-stranded, high activity,…	Added 08/01/2012	X	
C2635	Brachytherapy source, non-stranded, high activity,...	Added 08/01/2012	X	
C2636	Brachytherapy linear source, non-stranded, paladiu...	Added 08/01/2012	X	
C2637	Brachytherapy source, non-stranded, ytterbium-169,...	Added 08/01/2012	X	
C2638	Brachytherapy source, stranded, iodine-125, per so...	Added 08/01/2012	X	
C2639	Brachytherapy source, non-stranded, iodine-125, pe...	Added 08/01/2012	X	
C2640	Brachytherapy source, stranded, palladium-103, per...	Added 08/01/2012	X	
C2641	Brachytherapy source, non-stranded, palladium-103,...	Added 08/01/2012	X	
C2642	Brachytherapy source, stranded, cesium-131, per so...	Added 08/01/2012	X	
C2643	Brachytherapy source, non-stranded, cesium-131, pe...	Added 08/01/2012	X	
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	Added 07/01/2014	X	
C2645	Brachytherapy planar source, palladium-103, per square millimeter	Added 01/01/02016 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	
C2698	Brachytherapy source, stranded, not otherwise spec...	Added 08/01/2012	X	
C2699	Brachytherapy source, non-stranded, not otherwise	Added 08/01/2012	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2014	X	
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)	Added 01/01/2014	X	
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	Added 01/01/2014	X	
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)	Added 01/01/2014	X	
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 q cm or less wound surface area	Added 01/01/2014	X	
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)	Added 01/01/2014	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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% or body area of infants and children	Added 01/01/2014	X	
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)	Added 01/01/2014	X	
C8900	Magnetic resonance angiography with contrast, abdomen	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8901	Magnetic resonance angiography without contrast abdomen	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8903	Magnetic resonance imaging with contrast breast; unilateral	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C8905	Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8906	Magnetic resonance imaging with contrast breast; bilateral	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8909	Magnetic resonance angiography with contrast chest (excluding myocardium)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8910	Magnetic resonance angiography without contrast chest (excluding myocardium)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8911	Magnetic resonance angiography without contrast followed by with contrast,	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8912	Magnetic resonance angiography with contrast lower extremity	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8913	Magnetic resonance angiography without contrast lower extremity	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8918	Magnetic resonance angiography with contrast, pelvis	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8919	Magnetic resonance angiography without contrast, pelvis	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8934	Magnetic resonance angiography with contrast, upper extremity	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C8935	Magnetic resonance angiography without contrast, upper extremity	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	Added 01/01/2019	X	
C9038	Injection, mogamulizumab-kpkc, 1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
C9047	Injection, caplacizumab-yhdp, 1 mg	Added 07/01/2019	X	X
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	Added 10/01/2020 Removed 01/01/2021 Precertification previously delegated to eviCore Medical Oncology Program	X	X
C9063	Injection, eptinezumab-jjmr, 1 mg	Added 07/01/2020 Removed 10/01/2020	X	X
C9064	Mitomycin pyelocalyceal instillation, 1 mg	Added 10/01/2020 Removed 01/01/2021 Precertification previously delegated to eviCore Medical Oncology Program	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C9065	Injection, romidepsin, non-lypohilized (e.g. liquid), 1mg	Added 10/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
C9066	Injection, sacituzumab govitecan-hziy, 10 mg	Added 10/01/2020 Removed 01/01/2021 Precertification previously delegated to eviCore Medical Oncology Program	X	X
C9069	Injection, belantamab mafodontin-blmf, 0.5 mg	Added 01/01/2021 Removed 04/01/2021 Precertification was delegated to eviCore Medical Oncology Program	X	X
C9070	Injection, tafasitamab-cxix, 2 mg	Added 01/01/2021 Removed 04/01/2021 Precertification was delegated to eviCore Medical Oncology Program	X	X
C9071	Injection, viltolarsen, 10 mg	Added 01/01/2021 Removed 04/01/2021	X	X
C9072	Injection, immune globulin (asceniv), 500 mg	Added 01/01/2021 Removed 04/01/2021	X	X
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Added 01/01/2021 Removed 04/01/2021	X	X
C9074	Injection, lumasiran, 0.5 mg	Added 04/01/2021	X	X
C9075	Injection, casimersen, 10 mg	Added 07/01/2021	X	X
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Added 07/01/2021	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C9077	Injection, cabotegravir and rilpivirine, 2mg/3mg	Added 07/01/2021	X	X
C9078	Injection, trilaciclib, 1 mg	Added 07/01/2021	X	X
C9079	Injection, evinacumab-dgnb, 5 mg	Added 07/01/2021	X	X
C9080	Injection, melphalan flufenamide hydrochloride, 1 mg	Added 07/01/2021	X	X
C9122	Mometasone furoate sinus implant, 10 micrograms (sinuva)	Added 07/01/2020 Removed 04/01/2021	X	X
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	Added 08/18/2014	X	X
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	Added 08/18/2014	X	X
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	Added 02/06/2012	X	X
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	Added 02/06/2012	X	X
C9364	Porcine implant, Permacol, per square centimeter		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C9399	Unclassified drugs or biologicals	Added 08/06/2012 ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models. SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), MYLOTARG (Gentuzumab Ozogamicin), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN, CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB, HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi), RADICAVA (Edaravone); Lurbinectedin (Zepzelca); Belantamab Mafodotin-blmg (Blenrep); Melphalan Flufenamide (Pepaxto); Naxitamab-gqgk (Danyelza); Rituximab-arrx (Riabni); Tafasitamab-cxix (Monjuvi); Trastuzumab-Hyaluronidase-Oysk (Herceptin Hylecta); Trilaciclib (Cosela); JELMYTO (NDC 72493-103-03): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Added 04/01/2018	X	X
C9725	Placement ofÿendorectal intracavitary applicator for high intensity brachytherapy	Added 08/01/2012	X	
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 01/01/2019	X	X
C9727	Insertion of implants into the soft palate; minimum of three implants		X	X
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (eg, fiducial markers, dosimeter), other than prostate (any approach), single or multiple	Added 08/01/2012	X	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	Added 02/17/2014	X	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Added 04/01/2014	X	
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Added 04/01/2014	X	
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Added 07/01/2017 Removed 01/01/2021	X	X
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	Added 04/01/2018 Removed 01/01/2021	X	X
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Added 01/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	Added 01/01/2019	X	X
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Added 01/01/2020	X	
C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	Added 01/01/2020	X	
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	Added 07/01/2020	X	X
C9760	Non-randomized, non-blinded procedure for nyha class ii, iii, iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	Added 07/01/2020	X	
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable	Added 10/01/2020 Removed 04/01/2021	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Added 07/01/2020	X	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Added 07/01/2020	X	
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Added 07/01/2020	X	X
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Added 07/01/2020	X	X
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Added 07/01/2020	X	X
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Added 07/01/2020	X	X
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	Added 10/01/2020	X	
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	Added 01/01/2021	X	
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Added 01/01/2021	X	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	Added 01/01/2021	X	
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	Added 01/01/2021	X	
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	Added 01/01/2021	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 01/01/2021	X	
D5934	Mandibular resection prosthesis with guide flange		X	
D5935	Mandibular resection prosthesis without guide flange		X	
D5952	Speech aid prosthesis; pediatric		X	
D5953	Speech aid prosthesis; adult		X	
D5955	Palatal lift prosthesis, definitive		X	
D5958	Palatal lift prosthesis; interim		X	
D5959	Palatal lift prosthesis; modification		X	
D5960	Speech aid prosthesis; modification	Added 04/01/2019; previously removed 06/30/2017	X	
D5999	Unspecified maxillofacial prosthesis, by report	Added 04/01/2019; previously removed 06/30/2017	X	X
D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report	Added 04/01/2019; previously removed 06/30/2017	X	X
D8999	Unspecified orthodontic procedure, by report	Added 04/01/2019; previously removed 06/30/2017	X	X
D9999	Unspecified adjunctive procedure, by report	Added 04/01/2019; previously removed 06/30/2017	X	X
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories		X	
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Added 01/01/2020	X	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Added 01/01/2019	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
E0481	Intrapulmonary percussive ventilation system and related accessories	Added 02/06/2012	X	X
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Added 02/06/2012	X	
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Added 10/25/2019	X	
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism		X	
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	Removed 07/01/2021	X	
E0635	Patient lift, electric, with seat or sling		X	
E0637	Combination sit to stand system, any size, with seat lift feature, with or without wheels		X	
E0638	Standing frame sys		X	
E0639	Patient lift, moveable from room to room with disassembly and reassembly		X	
E0640	Patient lift, fixed system, includes all components/accessories		X	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels		X	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric		X	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk		X	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest		X	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Added 01/01/2013	X	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq.ft. or less	Added 2/16/2015	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
E0692	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 4 ft. panel	Added 2/16/2015	X	
E0693	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 6 ft. panel	Added 2/16/2015	X	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications		X	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications		X	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive		X	
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program		X	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Added 01/01/2014	X	
E0770	Functional electric stim NOS		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
E0784	External ambulatory infusion pump, insulin		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
E0986	Manual wheelchair accessory, push-rim activated power assist system	Added 02/18/2013	X	
E1002	Wheelchair accessory, power seating system, tilt only		X	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction		X	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction		X	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction		X	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		X	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction		X	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each		X	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair		X	
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)		X	
E1229	Wheelchair, pediatric size, not otherwise specified		X	
E1230	Power operated vehicle (3 or 4 wheel non-highway), specify brand name and model number		X	
E1239	Power wheelchair, pediatric size, not otherwise specified		X	
E1399	Durable medical equipment , miscellaneous		X	X
E1902	Communication board, non-electronic augmentative or alternative communication device		X	
E2300	Power wheelchair accessory, power seat elevation system		X	
E2301*	Power wheelchair accessory, power standing system	Removed 08/13/2021	X	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time		X	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		X	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		X	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		X	
E2511	Speech generating software program, for personal computer or personal digital assistant		X	
E2512	Accessory for speech generating device, mounting system		X	
E2599	Accessory for speech generating device, not otherwise classified		X	
G0153	Services of speech and language pathologist in home health setting, each 15 minutes		X	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Added 10/25/2019	X	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Added 10/25/2019	X	
G0166	External counterpulsation, per treatment session		X	
G0219	PET imaging whole body; melanoma for noncovered indications	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
G0235	PET imaging, any site, not otherwise specified	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
G0252	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Added 01/01/2015	X	
G0297	Low dose ct scan (ldct) for lung cancer screening	Added 01/01/2016 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Added 10/25/2019	X	X
G0300	Direct skilled nursing services of a licensed practical nurse (lpn) in the home health or hospice setting, each 15 minutes	Added 10/25/2019	X	X
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
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	Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion		X	X
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion		X	X
G0343	Laparoscopy for islet cell transplant, includes porgal vein catheterization and infusion		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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	Added 02/18/2013 eviCore Sleep Management Program	X	
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	Added 02/18/2013 eviCore Sleep Management Program	X	
G0400	Home sleep test/type IV Porta	Added 02/18/2013 eviCore Sleep Management Program	X	
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session		X	
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session		X	
G0428	Collagen Meniscus Implant		X	X
G0429	Dermal filler inject for LDS	Removed 07/01/2021	X	X
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	Added 01/01/2012	X	
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Added 01/01/2013	X	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Precertification delegated to eviCore healthcare National Radiation Therapy Program effective 02/27/2016	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Added 07/01/2013 Removed 11/06/2020	**X**	**X**
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, non-covered experimental therapy), performed in an approved ide-based clinical trial, per treatment session	Added 10/25/2019	**X**	**X**
G2170	Percutaneous arteriovenous fistula creation (avf), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	Added 07/01/2020 Removed 07/01/2021	**X**	X
G2171	Percutaneous arteriovenous fistula creation (avf), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, wen performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Added 07/01/2020 Removed 07/01/2021	**X**	X
G6001	Ultrasonic guidance for placement of radiation therapy fields	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	**X**	**X**
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	**X**	**X**

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater dec3	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment	Precertification delegated to eviCore healthcare National Radiation Therapy Program 1/1/2015	X	X
G9012	Other specified case management service not elsewhere classified	Added 02/17/2017. Precertification required for Affordable Care Act Individual Family Plan customers effective 1/1/2018.	X	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Added 07/01/2011	X	X
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Added 02/06/2012	X	X
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration		X	X
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	Added 08/27/2015	X	
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA	Added 08/26/2016	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
H0032	Mental health service plan development by non-physician - Direct supervision of a paraprofessional by a BCBA	Added 08/26/2016	X	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Added 08/27/2015	X	
H0046	Mental health services, not otherwise specified	Added 02/17/2017	X	
H2012	Behavioral health day treatment, per hour - Direct service by a BCBA	Added 08/26/2016	X	
H2016	Comprehensive community support services, per diem	Added 02/17/2017. Precertification required for Affordable Care Act Individual Family Plan customers effective 1/1/2018.	X	
H2019	Therapeutic behavioral services, per 15 minutes - Paraprofessional direct service supervised by a BCBA	Added 08/26/2016	X	
J0129	Injection, Abatacept, 10 MG		X	X
J0135	Injection, Adalimumab, 20 mg		X	X
J0178	Injection, aflibercept, 1 mg	Added 01/01/2013;	X	X
J0179	Injection, brolucizumab-dbll, 1 mg	Added 01/01/2020	X	X
J0180	Injection, Agalsidase beta, 1 mg		X	X
J0185	Injection, aprepitant, 1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J0202	Injection, alemtuzumab, 1 mg	Added 01/01/2016	X	X
J0205	Alglucarase		X	X
J0215	Alefacept, 0.5 mg		X	X
J0220	Alglucosidase		X	X
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Added 01/01/2012	X	X
J0222	Injection, Patisiran, 0.1 mg	Added 10/01/2019	X	X
J0223	Injection, givosiran, 0.5 mg.	Added 07/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J0224	Injection, lumasiran, 0.5 mg	Added 07/01/2021	X	X
J0256	Alpha 1- proteinase inhibitor – human, 10 mg		X	X
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Added 01/01/2012	X	X
J0364	Injection, apomorphine HCl, 1 mg	Added 02/06/2012	X	X
J0470	Dimercaprol, per 100 mg		X	X
J0490	Injection, belimumab, 10 mg	Added 01/01/2012	X	X
J0517	Injection, benralizumab, 1 mg	Added 01/01/2019	X	X
J0567	Injection, cerliponase alfa, 1 mg	Added 01/01/2019	X	X
J0584	Injection, burosumab-twza 1 mg	Added 01/01/2019	X	X
J0585	Botulinum toxin type A, per unit		X	X
J0586	Injection, abobotulinumtoxinA, 5 units		X	X
J0587	Botulinum toxin type B, per 100 units		X	X
J0588	Injection, incobotulinumtoxinA, 1 unit	Added 01/01/2012	X	X
J0591	Injection, deoxycholic acid, 1 mg.	Added 07/01/2020	X	X
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)	Added 10/01/2019	X	X
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Added 01/01/2016	X	X
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units		X	X
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units		X	X
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Added 01/01/2019	X	X
J0600	Edetate calcium disodium, up to 1,000 mg		X	X
J0606	Injection, etelcalcetide, 0.1 mg	Added 01/01/2018	X	X
J0638	Injection, canakinumab, 1 mg		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J0641	Injection, levoleucovorin, 0.5 mg	Added 01/01/2018. Brand name: FUSILEV. Precertification delegated to eviCore Medical Oncology Program.	X	X
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
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)	Added 01/01/2014	X	X
J0725	Chorionic gonadotropin, per 1,000 USP units	Eff 09/01/2012, the NDC# must be submitted on medical claim form.	X	X
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg		X	X
J0791	Injection, crizanlizumab-tmca, 5 mg.	Added 07/01/2020	X	X
J0800	Injection, corticotropin, up to 40 units	Added 02/06/2012	X	X
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Added 02/18/2013; Brand name: Aranesp. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J0882	Injection, darbepoetin alfa, 1 mcg. (for ESRD on dialysis)	Added 02/16/2015	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Added 02/18/2013; Brand name: Epogen. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program	X	X
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Added 08/27/2015	X	X
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Added 01/01 2015	X	X
J0890	Injection, peginesatide, 0. 1 mg (for esrd on dialysis)	Added 01/01/2013	X	X
J0894	Injection, decitabine, 1 mg	Added 01/01/2018. Brand name: DACOGEN. Precertification delegated to eviCore Medical Oncology Program.	X	X
J0896	Injection, Luspatercept-aamt, 0.25 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J0897	Injection, denosumab, 1 mg	Added 02/18/2013; Brand names: Prolia; Xgeva. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X

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J1290	Injection, ecallantide, 1 mg		X	X
J1300	Injection, eculizumab, 10 mg (Soliris)	Added 05/01/2011	X	X
J1301	Injection, edaravone, 1 mg	Added 01/01/2019	X	X
J1303	Injection, ravulizumab-cwvz, 10 mg	Added 10/01/2019	X	X
J1322	Injection, elosulfase alfa, 1mg	Added 01/01/2015	X	X
J1325	Epoprostenol, 0.5 mg		X	X
J1427	Injection, viltolarsen, 10 mg	Added 04/01/2021	X	X
J1428	Injection, eteplirsen, 10 mg	Added 01/01/2018	X	X
J1429	Injection, golodirsen, 10 mg.	Added 07/01/2020	X	X
J1438	Etanercept, 25 mg		X	X
J1442	Injection, filgrastim (G-CSF), 1 microgram (Neupogen)	Added 08/27/2015; Brand name: Neupogen. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1447	Injection, tbo-filgrastim, 1 microgram	Added 07/01/2021	X	X
J1453	Injection, fosaprepitant, 1 mg	Added 01/01/2018. Brand name: EMEND. Precertification delegated to eviCore Medical Oncology Program.	X	X
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J1458	Galsulfase		X	X
J1459	Inj IVIG privigen 500 mg		X	X
J1554	Injection, immune globulin (asceniv), 500 mg	Added 04/01/2021	X	X
J1555	Injection, immune globulin (cuvitru), 100 mg	Added 01/01/2018	X	X
J1556	Injection, immune globulin (Bivigam), 500 MG	Added 01/01/2014	X	X
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Added 01/01/2012	X	X
J1558	Injection, immune globulin (Xembify), 100 mg.	Added 07/01/2020	X	X
J1559	Injection, immune globulin (Hizentra), 100 mg		X	X
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg		X	X
J1562	Injection, immune globulin (Vivaglobin), 100 mg		X	X
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg		X	X
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg		X	X
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg		X	X
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg		X	X
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	Added 01/01/2016	X	X
J1595	Glatiramer acetate, 20 mg		X	X
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg		X	X
J1602	Injection, Golimumab, 1 MG, for intravenous use	Added 01/01/2014	X	X
J1620	Gonadorelin hydrochloride, per 100 mcg		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J1627	Injection, granisetron, extended-release, 0.1 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program	X	X
J1628	Injection, guselkumab, 1 mg	Added 01/01/2019	X	X
J1632	Injection, brexanolone, 1 mg	Added 10/01/2020	X	X
J1675	Injection, histrelin acetate, 10 mcg		X	X
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Added 01/01/2018	X	X
J1743	Idursulfase		X	X
J1744	Injection, icatibant, 1 mg	Added 01/01/2013	X	X
J1745	Infliximab, 10 mg		X	X
J1746	Injection, ibalizumab-uiyk, 10 mg	Added 01/01/2019	X	X
J1786	Injection, imiglucerase, 10 units		X	X
J1823	Injection, inebilizumab-cdon, 1 mg	Added 01/01/2021	X	X
J1826	Injection, interferon beta-1a, 30 mcg		X	X
J1830	Interferon beta-1b, 0.25 mg	Eff 09/01/2012, the NDC# must be submitted on medical claim form.	X	X
J1930	Lanreotide injection	Brand name: Somatuline Depot. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J1931	Injection, Laronidase, 0.1 mg		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Added 07/01/2021 Precertification delegated to eviCore Medical Oncology Program. Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Added 07/01/2021	X	X
J2170	Injection, Mecasermin, 1 MG		X	X
J2182	Injection, mepolizumab, 1 mg	Added 01/01/2017	X	X
J2323	Natalizumab		X	X
J2326	Injection, nusinersen, 0.1 mg	Added 01/01/2018	X	X
J2350	Injection, ocrelizumab, 1 mg	Added 01/01/2018	X	X
J2353	Octreotide acetate, depot IM, 1 mg	Brand name: Sandostatin Lar Depot. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J2354	Octreotide acetate, non-depot SC/IV, 25 mcg	Brand name: Octreotide Acetate. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J2357	Injection, Omalizumab, 5 mg		X	X
J2469	Injection, palonosetron HCl, 25 mcg	Added 01/01/2018. Brand name: ALOXI. Precertification delegated to eviCore Medical Oncology Program.	X	X
J2502	Injection, pasireotide long acting, 1 mg	Added 01/01/2016	X	X
J2503	Injection, pegaptanib sodium, 0.3 mg	Added 08/06/2012	X	X
J2504	Injection, pegademase bovine, 25 IU	Added 02/18/2013	X	X
J2505	Injection, pegfilgrastim, 6 mg	Added 02/17/2014; Brand name: Neulasta Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J2507	Injection, pegloticase, 1 mg	Added 01/01/2012	X	X
J2562	Injection, plerixafor, 1 mg		X	X
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Added 08/26/2016	X	X
J2778	Injection, ranibizumab, 0.1 mg	Added 08/06/2012	X	X
J2786	Injection, reslizumab, 1 mg	Added 01/01/2017	X	X
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Added 01/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J2793	Injection, rilonacept, 1 mg		X	X
J2796	Injection, romiplostim, 10 mcg		X	X
J2797	Injection, rolapitant, 0.5 mg	Added 01/01/2019	X	X
J2840	Injection, sebelipase alfa, 1 mg	Added 01/01/2017	X	X
J2860	Injection, siltuximab, 10 mg	Added 01/01/2016; Brand name: Sylvant Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J2940	Somatrem, 1 mg		X	X
J2941	Somatropin, 1 mg	Eff 09/01/2012, the NDC# must be submitted on medical claim form.	X	X
J3031	Injection, fremanezumab-vfrm, 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)	Added 10/01/2019	X	X
J3032	Injection, eptinezumab-jjmr, 1 mg	Added 10/01/2020	X	X
J3060	Injection Taligucerace Alfa, 10 units	Added 01/01/2014	X	X
J3111	Injection, romosozumab-aqqg, 1 mg	Added 10/01/2019	X	X
J3145	Injection, testosterone undecanoate, 1 mg	Added 4/1/2015; replaces deleted code C9023	X	X
J3241	Injection, teprotumumab-trbw, 10 mg	Added 10/01/2020	X	X
J3245	Injection, tildrakizumab, 1 mg	Added 01/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J3262	Injection, tocilizumab, 1 mg	Brand name: Actemra. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J3285	Injection, treprostinil, 1 mg		X	X
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Added 01/01/2019	X	X
J3315	Injection, triptorelin pamoate, 3.75 mg	Added 07/01/2021 Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
J3316	Injection, triptorelin, extended-release, 3.75 mg	Added 01/01/2019	X	X
J3355	Urofollitropin, 75 IU		X	X
J3357	Injection, ustekinumab, 1 mg		X	X
J3358	Ustekinumab, for intravenous injection, 1 mg	Added 01/01/2018	X	X
J3380	Injection, vedolizumab, 1 mg	Added 01/01/2016	X	X
J3385	Injection, velaglucerase alfa, 100 units		X	X
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Added 01/01/2019	X	X
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Added 01/01/2019 Requires precertification from Cigna for all medical management models	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes	Added 07/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J3490	Unclassified Drugs	ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models. SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), MYLOTARG (Gentuzumab Ozogamicin), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN, CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB, HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi), RADICAVA (Edaravone); Lurbinectedin (Zepzelca); Belantamab Mafodotin-blmg (Blenrep); Melphalan Flufenamide (Pepaxto); Naxitamab-gqgk (Danyelza); Rituximab-arrx (Riabni); Tafasitamab-cxix (Monjuvi); Trastuzumab-Hyaluronidase-Oysk (Herceptin Hylecta); Trilaciclib (Cosela); JELMYTO (NDC 72493-103-03): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.	X	X
J3520	Edetate disodium, per 150mg		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J3590	Unclassified biologics	ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models. SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), MYLOTARG (Gentuzumab Ozogamicin), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN, CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB, HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi), RADICAVA (Edaravone); Lurbinectedin (Zepzelca); Belantamab Mafodotin-blmg (Blenrep); Melphalan Flufenamide (Pepaxto); Naxitamab-gqgk (Danyelza); Rituximab-arrx (Riabni); Tafasitamab-cxix (Monjuvi); Trastuzumab-Hyaluronidase-Oysk (Herceptin Hylecta); Trilaciclib (Cosela); JELMYTO (NDC 72493-103-03): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.	X	X
J3591	Unclassified drug or biological used for esrd on dialysis	Added 01/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J7170	Injection, emicizumab-kxwh, 0.5 mg	Added 01/01/2019	X	X
J7175	Injection, factor x, (human), 1 i.u.	Added 01/01/2017	X	X
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Added 01/01/2019	X	X
J7178	Injection, human fibrinogen concentrate, 1 mg	Added 01/01/2013	X	X
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	Added 01/01/2017	X	X
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	Added 01/01/2012	X	X
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Added 01/01/2015	X	X
J7182	Injection, factor xiii a-subunit, (recombinant), per iu	Added 01/01/2015	X	X
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Added 01/01/2012	X	X
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA), per IU		X	X
J7186	Antihemophilic viii/vwf comp		X	X
J7187	Injection, von Willebrand Factor complex (Humate-P), per IU vWF-RC0		X	X
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Added 01/01/2016	X	X
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg		X	X
J7190	Factor VIII (antihemophilic factor, human) per IU		X	X
J7191	Factor VIII (antihemophilic factor (porcine), per IU		X	X
J7192	Factor VIII (antihemophilic factor, recombinant) per IU		X	X
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU		X	X
J7194	Factor IX, complex, per IU		X	X
J7195	Factor IX (antihemophilic factor, recombinant) per IU		X	X
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.		X	X
J7197	Antithrombin III (human), per IU		X	X
J7198	Anti-inhibitor, per IU		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J7199	Hemophilia clotting factor, not otherwise classified		X	X
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Added 01/01/2015	X	X
J7201	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Added 01/01/2015	X	X
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Added 01/01/2017	X	X
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	Added 01/01/2019	X	X
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu.	Added 07/01/2020	X	X
J7205	Injection, factor viii fc fusion (recombinant), per iu	Added 01/01/2016	X	X
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Added 01/01/2017	X	X
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Added 07/01/2019	X	X
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Added 01/01/2017	X	X
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	Added 01/01/2018	X	X
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.	Added 01/01/2018	X	X
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Added 01/01/2021	X	X
J7316	Injection, Ocriplasmin, 0.125 MG	Added 01/01/2014	X	X
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Added 01/01/2019	X	X
J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg	Added 01/01/2017	X	X
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	Added 08/18/2014	X	X
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Added 01/01/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	Added 08/18/2014	X	X
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Added 08/18/2014	X	X
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Added 08/18/2014	X	X
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Added 08/18/2014	X	X
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Added 01/01/2015	X	X
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Added 01/01/2016	X	X
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Added 01/01/2019	X	X
J7330	Autologous cultured chondrocytes, implant	Effective 10/01/2017 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Added 10/01/2019	X	X
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Added 10/01/2019	X	X
J7333	Hyaluronan or derivative, visco-3, for intraarticular injection, per dose.	Added 07/01/2020 Removed 04/01/2021	X	X
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Added 01/01/2016	X	X
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Added 10/01/2020	X	X
J7352	Afamelanotide implant, 1 mg	Added 01/01/2021	X	X
J7401	Mometasone furoate sinus implant, 10 micrograms	Added 10/01/2019 Removed 04/01/2021	X	X
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Added 04/01/2021	X	X
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram	Added 07/01/2019		

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	Added 08/27/2015	X	X
J7799	NOC drugs, other than inhalation drugs, administered through DME		X	X
J7999	Compounded drug, not otherwise classified	Added 01/01/2016	X	X
J9000	Injection, doxorubicin HCl, 10 mg	Added 01/01/2018. Brand name: DOXORUBICIN HCL. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9015	Injection, aldesleukin, per single use vial	Added 01/01/2018. Brand name: PROLEUKIN. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9017	Injection, arsenic trioxide, 1 mg	Added 01/01/2018. Brand name: TRISENOX. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9019	Injection, asparaginase, 1,000 iu	Added 01/01/2013; Brand name: Erwinaze Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9022	Injection, atezolizumab, 10 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program	X	X
J9023	Injection, avelumab, 10 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program	X	X
J9025	Injection, azacitidine, 1 mg	Added 01/01/2018. Brand name: AZACITIDINE. Precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9027	Injection, clofarabine, 1 mg	Added 01/01/2018. Brand name: CLOLAR. Precertification delegated to eviCore Medical Oncology Program	X	X
J9032	Injection, belinostat, 10 mg	Added 01/01/2016; Brand name: Beleodaq Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9033	Injection, bendamustine HCl, 1 mg	Added 08/06/2012; Brand name: Bendeka Brand name: Treanda Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9034	Injection, bendamustine hcl, 1 mg	Added 01/01/2017 Brand name: Bendeka Precertification delegated to eviCore Medical Oncology Program	X	X
J9035	Injection, bevacizumab, 10 mg (Avastin)	Added 05/01/2011; Brand name: Avastin. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Added 07/01/2019 Brand name: Belrapzo Precertification delegated to eviCore Medical Oncology Program	X	X
J9037	Injection, belantamab mafodontin-blmf, 0.5 mg	Added 04/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9039	Injection, blinatumomab, 1 microgram	Added 01/01/2016; Brand names: Blincyto; Blinatumomab Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9040	Injection, bleomycin sulfate, 15 units	Added 01/01/2018 Brand name: BLEOMYCIN SULFATE Precertification delegated to eviCore Medical Oncology Program	X	X
J9041	Injection, bortezomib, 0.1 mg	Added 01/01/2018 Brand name: VELCADE Precertification delegated to eviCore Medical Oncology Program	X	X
J9042	Injection, brentuximab vedotin, 1 mg	Added 01/01/2013; Brand name: Adcetris Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9043	Injection, cabazitaxel, 1 mg	Added 08/06/2012; Brand name: Jevtana Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J9045	Injection, carboplatin, 50 mg	Added 01/01/2018 Brand name: CARBOPLATIN Precertification delegated to eviCore Medical Oncology Program	X	X
J9047	Injection, Carfilzomib, 1 MG	Added 01/01/2014 Brand name: Kyprolis Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9055	Injection, cetuximab, 10 mg (Erbitux)	Added 05/01/2011; Brand name: Erbitux Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9057	Injection, copanlisib, 1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J9060	Injection, cisplatin, powder or solution, 10 mg	Added 01/01/2018 Brand name: CISPLATIN Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9065	Injection, cladribine, per 1 mg	Added 01/01/2018 Brand name: CLADRIBINE Precertification delegated to eviCore Medical Oncology Program	X	X
J9098	Injection, cytarabine liposome, 10 mg	Added 01/01/2018 Brand name: DEPOCYT Precertification delegated to eviCore Medical Oncology Program	X	X
J9100	Injection, cytarabine, 100 mg	Added 01/01/2018 Brand name: CYTARABINE Precertification delegated to eviCore Medical Oncology Program	X	X
J9118	Injection, calaspargase pegol-mknl, 10 units	Added 10/01/2019 Brand name: Asparlas Precertification delegated to eviCore Medical Oncology Program	X	X
J9119	Injection, cemiplimab-rwlc, 1 mg	Added 10/01/2019 Brand name: Libtayo Precertification delegated to eviCore Medical Oncology Program	X	X
J9120	Injection, dactinomycin, 0.5 mg	Added 01/01/2018 Brand name: COSMEGEN Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9130	Dacarbazine, 100 mg	Added 01/01/2018 Brand name: DACARBAZINE Precertification delegated to eviCore Medical Oncology Program	X	X
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Added 01/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X
J9145	Injection, daratumumab, 10 mg	Added 01/01/2017; Brand name: Darzalex Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9150	Injection, daunorubicin, 10 mg	Added 01/01/2018 Brand name: DAUNORUBICIN HCL Precertification delegated to eviCore Medical Oncology Program	X	X
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9155	Injection, degarelix, 1 mg	Added 07/01/2021 Precertification delegated to eviCore Medical Oncology Program. Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
J9171	Injection, docetaxel, 1 mg	Added 01/01/2018 Brand name: DOCEFREZ Precertification delegated to eviCore Medical Oncology Program	X	X
J9173	Injection, durvalumab, 10 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J9176	Injection, elotuzumab, 1 mg	Added 01/01/2017; Brand name: Empliciti Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9178	Injection, epirubicin HCl, 2 mg	Added 01/01/2018 Brand name: ELLENCE Precertification delegated to eviCore Medical Oncology Program	X	X
J9179	Injection, eribulin mesylate, 0.1 mg	Added 08/06/2012; Brand name: Halaven Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9181	Injection, etoposide, 10 mg	Added 01/01/2018 Brand name: ETOPOPHOS Precertification delegated to eviCore Medical Oncology Program	X	X
J9185	Injection, fludarabine phosphate, 50 mg	Added 01/01/2018 Brand name: FLUDARABINE PHOSPHATE Precertification delegated to eviCore Medical Oncology Program	X	X
J9190	Injection, fluorouracil, 500 mg	Added 01/01/2018 Brand name: FLUOROURACIL Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9198	Gemcitabine hydrochloride, (Infugem), 100 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J9200	Injection, floxuridine, 500 m	Added 01/01/2018 Brand name: FLOXURIDINE Precertification delegated to eviCore Medical Oncology Program	X	X
J9201	Injection, gemcitabine HCl, 200 mg	Added 01/01/2018 Brand name: GEMCITABINE HCL Precertification delegated to eviCore Medical Oncology Program	X	X
J9202	Goserelin acetate implant, per 3.6 mg	Added 07/01/2021 Precertification delegated to eviCore Medical Oncology Program. Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9204	Injection, mogamulizumab-kpkc, 1 mg	Added 10/01/2019 Brand name: Poteligeo Precertification delegated to eviCore Medical Oncology Program	X	X
J9205	Injection, irinotecan liposome, 1 mg	Added 01/01/2017; Brand name: Onivyde Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9206	Injection, irinotecan, 20 mg	Added 01/01/2018 Brand name: CAMPTOSAR Precertification delegated to eviCore Medical Oncology Program	X	X
J9207	Injection, ixabepilone, 1 mg	Added 01/01/2018 Brand name: IXEMPRA. Precertification delegated to eviCore Medical Oncology Program	X	X
J9208	Injection, ifosfamide, 1 g	Added 01/01/2018 Brand name: IFEX Precertification delegated to eviCore Medical Oncology Program	X	X
J9210	Injection, emapalumab-lzsg, 1 mg	Added 10/01/2019 Brand name: Gamifant Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9211	Injection, idarubicin HCl, 5 mg	Added 01/01/2018 Brand name: IDAMYCIN PFS Precertification delegated to eviCore Medical Oncology Program	X	X
J9212	Interferon alfacon-1, recombinant, 1 mcg	Added 01/01/2018	X	X
J9213	Interferon alfa-2A, recombinant, 3 million units	Added 01/01/2018	X	X
J9214	Interferon alfa-2B, recombinant, 1 million units	Brand name: Intron A. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X
J9215	Interferon alfa-N3, (human leukocyte derived), 250,000 IU		X	X
J9216	Injection, interferon, gamma 1-b, 3 million units	Added 02/06/2012; Brand name: Actimmune. Effective 02/17/2017, precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X

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J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Added 07/01/2021 Precertification delegated to eviCore Medical Oncology Program. Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022.	X	X
J9223	Injection, lurbinectedin, 0.1 mg	Added 01/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X
J9225	Histrelin implant (Vantas), 50 mg	Brand name: Vantas Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9226	Histrelin implant (Supprelin LA), 50 mg		X	X
J9227	Injection, isatuximab-irfc, 10 mg	Added 10/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J9228	Injection, ipilimumab, 1 mg	Added 01/01/2012; Brand name: Yervoy Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Added 01/01/2018. Brand name: MUSTARGEN. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9245	Injection, melphalan HCl, 50 mg	Added 01/01/2018. Brand name: ALKERAN. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9246	Injection, melphalan (evomela), 1 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J9261	Injection, nelarabine, 50 mg	Added 01/01/2018. Brand name: ARRANON. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9262	Injection, Omacetaxine Mepesuccinate, 0.01MG	Added 01/01/2014; Brand name: Synribo Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9263	Injection, oxaliplatin, 0.5 mg	Added 01/01/2018. Brand name: OXALIPLATIN. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Added 02/06/2012; Brand name: Abraxane Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9266	Injection, pegaspargase, per single dose vial	Added 01/01/2018. Brand name: ONCASPAR. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9267	Injection, paclitaxel, 1 mg	Added 01/01/2018. Brand name: PACLITAXEL. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9268	Injection, pentostatin, 10 mg	Added 01/01/2018. Brand name: NIPENT. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Added 10/01/2019	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9271	Injection, pembrolizumab, 1 mg	Added 01/01/2016; Brand name: Keytruda Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9280	Injection, mitomycin, 5 mg	Added 01/01/2018. Brand name: MITOMYCIN. Precertification delegated to eviCore Medical Oncology Program	X	X
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Added 01/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X
J9285	Injection, olaratumab, 10 mg	Added 01/01/2018 Precertification delegated to eviCore Medical Oncology Program	X	X
J9293	Injection, mitoxantrone HCl, per 5 mg	Added 01/01/2018. Brand name: MITOXANTRONE HCL. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9295	Injection, necitumumab, 1 mg	Added 01/01/2017; Brand name: Portrazza Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9299	Injection, nivolumab, 1 mg	Added 01/01/2016; Brand name: Opdivo Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9301	Injection, obinutuzumab, 10 mg	Added 01/01/2015; Brand name: Gazyva Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9302	Injection, ofatumumab, 10 mg	Added 01/01/2018. Brand name: ARZERRA. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9303	Injection, panitumumab, 10 mg (Vectibix)	Added 05/01/2011; Brand name: Vectibix Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9304	Injection, pemetrexed (PEMFEXY), 10 mg	Added 10/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Added 02/06/2012; Brand name: Alimta Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9306	Injection, Pertuzumab, 1MG	Added 01/01/2014; Brand name: Perjeta Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9307	Injection, pralatrexate, 1 mg	Added 01/01/2018. Brand name: FOLOTYN. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9308	Injection, ramucirumab, 5 mg	Added 01/01/2016; Brand name: Cyramza; Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Added 01/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J9311	Injection, rituximab 10 mg and hyaluronidase	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J9312	Injection, rituximab, 10 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
J9314	Injection, romidepsin, non-lyophilized (e.g. liquid), 0.1 mg	Added 07/01/2021 Removed 08/13/2021	X	X
J9315	Injection, romidepsin, 1 mg	Added 01/01/2018. Brand name: ISTODAX. Precertification delegated to eviCore Medical Oncology Program	X	X
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Added 01/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Added 01/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X
J9320	Injection, streptozocin, 1 g	Added 01/01/2018. Brand name: ZANOSAR. Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Added 01/01/2017; Brand name: Imlygic Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9328	Injection, temozolomide, 1 mg	Added 01/01/2018. Brand name: TEMODAR Precertification delegated to eviCore Medical Oncology Program.	X	X
J9330	Injection, temsirolimus, 1 mg	Added 01/01/2018. Brand name: TORISEL Precertification delegated to eviCore Medical Oncology Program.	X	X
J9340	Injection, thiotepa, 15 m	Added 01/01/2018. Brand name: THIOTEPA Precertification delegated to eviCore Medical Oncology Program.	X	X
J9348	Injection, naxitamab-gqgk, 1 mg	Added 07/01/2021	X	X
J9349	Injection, tafasitamab-cxix, 2 mg	Added 04/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9351	Injection, topotecan, 0.1 mg	Added 01/01/2018 Brand name: HYCAMTIN Precertification delegated to eviCore Medical Oncology Program	X	X
J9352	Injection, trabectedin, 0.1 mg	Added 01/01/2017; Brand name: Yondelis Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9353	Injection, margetuximab-cmkb, 5 mg	Added 07/01/2021	X	X
J9354	Injection, Ado-Trastuzumab Emtansine, 1MG	Added 01/01/2014; Brand name: Kadcyla Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Added 05/01/2011; Brand name: Herceptin Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Added 07/01/2019 Brand name: Hylecta Precertification delegated to eviCore Medical Oncology Program	X	X
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
J9360	Injection, vinblastine sulfate, 1 mg	Added 01/01/2018. Brand name: VINBLASTINE SULFATE. Precertification delegated to eviCore Medical Oncology Program.	X	X
J9370	Vincristine sulfate, 1 mg	Added 01/01/2018. Brand name: VINCASAR PFS Precertification delegated to eviCore Medical Oncology Program.	X	X
J9371	Injection, Vincristine Sulfate Liposome, 1MG	Added 01/01/2014. Brand name: Marqibo Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9390	Injection, vinorelbine tartrate, 10 mg	Added 01/01/2018 Brand name: NAVELBINE Precertification delegated to eviCore Medical Oncology Program.	X	X
J9395	Injection, fulvestrant, 25 mg	Added 01/01/2018 Brand name: FASLODEX Precertification delegated to eviCore Medical Oncology Program.	X	X
J9400	Injection, Ziv-Aflibercept, 1MG	Added 01/01/2014 Brand name: Zaltrap Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
J9999	Not otherwise classified, antieoplastic drugs	ZOLGENSMA (onasemnogene abeparvovec-xioi) requires precertification from Cigna for all medical management models. SUSTOL (Granisetron), TECENTRIQ (Atezolizumab), UNITUXIN (Dinutuximab), BAVENCIO (Avelumab), IMFINZI (Durvalumab), VYXEOS (Danunorbicin-Cytarabine Liposome), RITUXAN HYCELA (Rituximab Hyaluronidase Human), DARZALEX (Daratumumab), MYLOTARG (Gentuzumab Ozogamicin), LARTRUVO, APREPITANT (Cinvanti), COPANLISIB (Aliqopa), DAUNORUBICIN, CYTARABINE (Vyxeos), DURVALUMAB (Imfinzi), INOTUZUMAB OZOGAMICIN (Besponsa), OLARATUMAB (Lartruvo), RITUXIMAB, HYALURONIDASE HUMAN (Rituxan Hycela), ROLAPITANT HCL (Varubi), RADICAVA (Edaravone); Lurbinectedin (Zepzelca); Belantamab Mafodotin-blmg (Blenrep); Melphalan Flufenamide (Pepaxto); Naxitamab-gqgk (Danyelza); Rituximab-arrx (Riabni); Tafasitamab-cxix (Monjuvi); Trastuzumab-Hyaluronidase-Oysk (Herceptin Hylecta); Trilaciclib (Cosela); JELMYTO (NDC 72493-103-03): Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017. Requests for all other drugs or biologics should be submitted to Cigna.	**X**	**X**
K0005	Ultra-lightweight wheelchair		**X**	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K0009	Other manual wheelchair/base		X	
K0010	Standard-weight frame motorized/power wheelchair		X	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking		X	
K0012	Lightweight portable motorized/power wheelchair		X	
K0014	Other motorized/power wheelchair base		X	
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Added 07/01/2021 Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022	X	X
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Added 07/01/2021 Precertification not required for post Affordable Care Act (ACA) Individual and Family Plan (IFP) customers until 1/1/2022	X	X
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type		X	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds		X	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds		X	
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds		X	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds		X	
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds		X	
K0812	Power operated vehicle, not otherwise classified		X	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds		X	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds		X	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds		X	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds		X	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more		X	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more		X	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		X	
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		X	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more		X	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds		X	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		X	
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds		X	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more		X	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight 601 pounds or more		X	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		X	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		X	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		X	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		X	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds		X	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		X	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds		X	
K0884	Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		X	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds		X	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		X	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		X	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		X	
K0898	Power wheelchair, not otherwise classified		X	
K0899	Power mobility device, not coded by SADMERC or does not meet criteria		X	
K0900	Customized Durable Medical Equipment, Other Than Wheelchair	Added 07/01/2013	X	
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Added 01/01/2020	X	
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Added 10/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
K1007	Bilateral hip, knee, ankle, foot 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	Added 10/01/2020	X	X
K1009	Speech volume modulation system, any type, including all components and accessories	Added 10/01/2020	X	X
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Added 04/01/2021	X	
L1840	Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Added 08/06/2012	X	
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Added 08/06/2012	X	
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Added 08/06/2012	X	
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Added 02/17/2014	X	
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Added 01/01/2020	X	X
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system		X	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Added 02/16/2015	X	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Added 02/16/2015	X	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Added 02/16/2015	X	
L5856	Elec knee-shin swing/stance		X	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Added 07/01/2011	X	
L5858	Stance phase only		X	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, poweredand programmable flexion/extension assist control, includes any type motor(s)	Added 01/01/2013	X	
L5930	High activity knee frame		X	
L5969	Addition, endoskeletal ankle-foot or ankle system power assist, includes any type motor(s)	Added 01/01/2014	X	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source		X	
L5981	Flex-walk sys low ext prosth		X	
L5999	Lowr extremity prosthes NOS		X	X
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)	Added 01/01/2015	X	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Added 07/01/2011	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L6638	Upper extremity addition to prosthesis, elec locking feature	Added 08/19/2013	X	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Added 07/01/2011	X	
L6647	Upper extremity addition, shoulder lock mech; body powered actuator	Added 08/19/2013	X	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Added 07/01/2011	X	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Added 01/01/2012	X	
L6880	Electric hand, switch or myolelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Added 01/01/2012	X	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Added 01/01/2020	X	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Added 07/01/2011	X	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device	Added 07/01/2011	X	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Added 07/01/2011	X	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Added 07/01/2011	X	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Added 07/01/2011	X	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Added 07/01/2011	X	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Added 07/01/2011	X	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Added 07/01/2011	X	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Added 07/01/2011	X	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Added 07/01/2011	X	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Added 07/01/2011	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Added 07/01/2011	X	
L7007	Electric hand, switch or myoelectric controlled, adult	Added 07/01/2011	X	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Added 07/01/2011	X	
L7009	Electric hook, switch or myoelectric controlled, adult	Added 07/01/2011	X	
L7040	Prehensile actuator, switch controlled	Added 07/01/2011	X	
L7045	Electric hook, switch or myoelectric controlled, pediatric	Added 07/01/2011	X	
L7170	Electronic elbow, Hosmer or equal, switch controlled	Added 07/01/2011	X	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Added 07/01/2011	X	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal		X	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Added 07/01/2011	X	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	Added 07/01/2011	X	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Added 07/01/2011	X	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Added 07/01/2011	X	
L7259	Electronic wrist rotator, any type	Added 01/01/2015	X	
L7499	Upper Extremity Prosthesis NOS	Added 02/26/2016	X	X
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	Added 01/01/2020	X	
L8040	Nasal prosthesis, provided by a nonphysician	Added 08/06/2012	X	
L8041	Midfacial prosthesis, provided by a nonphysician	Added 08/06/2012	X	
L8042	Orbital prosthesis, provided by a nonphysician	Added 08/06/2012	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L8043	Upper facial prosthesis, provided by a nonphysician	Added 08/06/2012	X	
L8044	Hemi-facial prosthesis, provided by a nonphysician	Added 08/06/2012	X	
L8045	Auricular prosthesis		X	
L8046	Partial facial prosthesis, provided by a nonphysician	Added 08/06/2012	X	
L8047	Nasal septal prosthesis, provided by a nonphysician	Added 08/06/2012	X	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician		X	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	Added 08/06/2012	X	
L8499	Unlisted misc prosthetic ser		X	X
L8510	Voice amplifier		X	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, analcanal, 1 ml, includes shipping and necessary supplies	Added 01/01/2013 Removed 04/01/2021	X	X
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	Added 01/01/2019	X	X
L8614	Cochlear device/system		X	
L8619	Cochlear implant external speech processor, replacement		X	
L8641	Metatarsal joint implant		X	
L8642	Hallux implant		X	
L8679	Implantable neurostimulator, pulse generator, any type	Added 01/01/2014	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L8680	Implantable neurostimulator electrode, each	Added 02/18/2013 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Effective 1/1/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8682	Implantable neurostimulator radiofrequency receiver	Effective 1/1/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Effective 1/1/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Effective 1/1/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Added 02/18/2013 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Added 02/18/2013 All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Effective 01/01/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Effective 01/01/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	Effective 01/01/2016, all markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam. Precertification delegated to eviCore healthcare if submitted with another code managed by eviCore; otherwise, Cigna will handle precertification request.	X	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	Added 01/01/2019	X	
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	Added 01/01/2019	X	
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	Added 01/01/2019	X	
P9099	Blood component or product not otherwise classified	Added 01/01/2020	X	X
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	Added 02/06/2012	X	
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice	Added 02/06/2012	X	
Q2017	Injection, teniposide, 50 mg	Added 01/01/2018. Brand name: TENIPOSIDE. Precertification delegated to eviCore Medical Oncology Program.	X	X
Q2026	Injection, Radiesse, 0.1 ml		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q2028	Injection, sculptra, 0.5 mg	Added 01/01/2014	X	X
Q2041	Axicabtagene Ciloleucel, up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	Added 04/01/2018	X	X
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Added 01/01/2019	X	X
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Added 07/01/2011; Brand name: Provenge Precertification delegated to eviCore Medical Oncology Program effective 02/17/2017	X	X
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Added 01/01/2018. Brand name: DOXIL. Precertification delegated to eviCore Medical Oncology Program.	X	X
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Added 04/01/2021	X	X
Q3001	Brachytherapy Radioelements	Added 08/01/2012 Removed 04/01/2020 Precertification previously delegated to eviCore National Radiation Therapy Program effective 10/25/2019	X	
Q3027	Injection, Interferon Beta-1A, 1 MCG for intramuscular use	Added 01/01/2014	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q3028	Injection, Interferon Beta-1A, 1 MCG for subcutaneous use	Added 01/01/2014	X	X
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 mcg	Added 08/27/2015	X	X
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Added 02/16/2015	X	X
Q4082	Drug or biological, not otherwise classified, Part B drug competitive		X	X
Q4100	Skin substitute, NOS		X	X
Q4102	Oasis wound matrix skin sub		X	
Q4103	Oasis burn matrix skin sub		X	X
Q4106	Dermagraft, per sq cm	Added 02/18/2013	X	
Q4107	Graftjacket skin sub		X	X
Q4110	Primatrix skin sub		X	X
Q4111	Gammagraft skin sub		X	X
Q4112	Cymetra allograft		X	X
Q4113	Graftjacket express allograf		X	X
Q4114	Integra flowable wound matri		X	X
Q4115	Skin substitute, Alloskin, per square centimeter	Added 02/06/2012	X	X
Q4117	HYALOMATRIX, per sq cm	Added 02/06/2012	X	X
Q4118	MatriStem micromatrix, 1 mg	Added 02/06/2012	X	X
Q4121	TheraSkin, per sq cm	Added 02/06/2012	X	X
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter	Added 01/01/2012	X	
Q4123	AlloSkin RT, per sq cm	Added 01/01/2012	X	X
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Added 01/01/2012	X	
Q4125	Arthroflex, per sq cm	Added 01/01/2012	X	X
Q4126	MemoDerm, DermaSpan, TranZgraft or IntéguPly, per sq cm	Added 01/01/2012	X	X

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q4127	Talymed, per sq cm	Added 01/01/2012	X	X
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	Added 01/01/2012	X	X
Q4130	Strattice TM, per sq cm	Added 01/01/2012	X	X
Q4132	Grafix core, per square centimeter	Added 01/01/2013	X	
Q4133	Grafix prime, per square centimeter	Added 01/01/2013	X	
Q4134	Hmatrix, per square centimeter	Added 01/01/2013	X	X
Q4135	Mediskin, per square centimeter	Added 01/01/2013	X	X
Q4136	Ez-derm, per square centimeter	Added 01/01/2013	X	X
Q4137	Amnioexcel or Biodexcel, per square centimeter	Added 01/01/2014	X	X
Q4138	Biodfence dryflex, per square centimeter	Added 01/01/2014	X	X
Q4139	Amniomatrix or Biodmatrix, inectable, 1 CC	Added 01/01/2014	X	X
Q4140	Biodfence, per square centimeter	Added 01/01/2014	X	
Q4141	Alloskin AC, per square centimeter	Added 01/01/2014	X	X
Q4142	XCM biologic tissue matrix, per square centimeter	Added 01/01/2014	X	X
Q4143	Repriza, per square centimeter	Added 01/01/2014	X	X
Q4145	Epifix, injectable, 1 MG	Added 01/01/2014	X	X
Q4146	Tensix, per square centimeter	Added 01/01/2014	X	X
Q4147	Architect extracellular matrix, per square centimeter	Added 01/01/2014	X	X
Q4148	Neox 1K, per square centimeter	Added 01/01/2014	X	X
Q4149	Excellagen, 0.1 CC	Added 01/01/2014	X	X
Q4150	Allowrap ds or dry, per square centimeter	Added 01/01/2015	X	X
Q4151	Amnioband or guardian, per square centimeter	Added 01/01/2015	X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q4152	Dermapure, per square centimeter	Added 01/01/2015	X	X
Q4153	Dermavest, per square centimeter	Added 01/01/2015	X	X
Q4154	Biovance, per square centimeter	Added 01/01/2015	X	X
Q4155	Neoxflo or clarixflo, 1 mg	Added 01/01/2015	X	X
Q4156	Neox 100, per square centimeter	Added 01/01/2015	X	X
Q4157	Revitalon, per square centimeter	Added 01/01/2015	X	X
Q4158	Marigen, per square centimeter	Added 01/01/2015	X	X
Q4159	Affinity, per square centimeter	Added 01/01/2015	X	X
Q4160	Nushield, per square centimeter	Added 01/01/2015	X	X
Q4161	Bio-connekt wound matrix, per square centimeter	Added 01/01/2016	X	X
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Added 01/01/2016	X	X
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Added 01/01/2016	X	X
Q4164	Helicoll, per square centimeter	Added 01/01/2016	X	X
Q4165	Keramatrix or kerasorb, per square centimeter	Added 01/01/2016	X	X
Q4166	Cytal, per square centimeter	Added 01/01/2017	X	
Q4167	Truskin, per square centimeter	Added 01/01/2017	X	
Q4168	Amnioband, 1 mg	Added 01/01/2017	X	
Q4169	Artacent wound, per square centimeter	Added 01/01/2017	X	
Q4170	Cygnus, per square centimeter	Added 01/01/2017	X	
Q4171	Interfyl, 1 mg	Added 01/01/2017	X	
Q4173	Palingen or palingen xplus, per square centimeter	Added 01/01/2017	X	
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	Added 01/01/2017	X	
Q4175	Miroderm, per square centimeter	Added 01/01/2017	X	
Q4176	Neopatch, per square centimeter	Added 01/01/2018	X	X
Q4177	Floweramnioflo, 0.1 cc	Added 01/01/2018	X	X
Q4178	Floweramniopatch, per square centimeter	Added 01/01/2018	X	X
Q4179	Flowerderm, per square centimeter	Added 01/01/2018	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q4180	Revita, per square centimeter	Added 01/01/2018	X	X
Q4181	Amnio wound, per square centimeter	Added 01/01/2018	X	X
Q4182	Transcyte, per square centimeter	Added 01/01/2018	X	
Q4183	Surgigraft, per square centimeter	Added 01/01/2019	X	X
Q4184	Cellesta or cellesta duo, per square centimeter	Added 01/01/2019	X	X
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Added 01/01/2019	X	X
Q4186	Epifix, per square centimeter	Added 01/01/2019	X	
Q4187	Epicord, per square centimeter	Added 01/01/2019	X	
Q4188	Amnioarmor, per square centimeter	Added 01/01/2019	X	X
Q4189	Artacent ac, 1 mg	Added 01/01/2019	X	X
Q4190	Artacent ac, per square centimeter	Added 01/01/2019	X	X
Q4191	Restorigin, per square centimeter	Added 01/01/2019	X	X
Q4192	Restorigin, 1 cc	Added 01/01/2019	X	X
Q4193	Coll-e-derm, per square centimeter	Added 01/01/2019	X	X
Q4194	Novachor, per square centimeter	Added 01/01/2019	X	X
Q4195	Puraply, per square centimeter	Added 01/01/2019	X	X
Q4196	Puraply am, per square centimeter	Added 01/01/2019	X	
Q4197	Puraply xt, per square centimeter	Added 01/01/2019	X	
Q4198	Genesis amniotic membrane, per square centimeter	Added 01/01/2019	X	X
Q4200	Skin te, per square centimeter	Added 01/01/2019	X	X
Q4201	Matrion, per square centimeter	Added 01/01/2019	X	X
Q4202	Keroxx (2.5g/cc), 1cc	Added 01/01/2019	X	X
Q4203	Derma-gide, per square centimeter	Added 01/01/2019	X	X
Q4204	Xwrap, per square centimeter	Added 01/01/2019	X	X
Q4205	Membrane graft or membrane wrap, per square centimeter	Added 10/01/2019	X	X
Q4206	Fluid flow or fluid GF, 1 cc	Added 10/01/2019	X	X
Q4208	Novafix, per square cenitmeter	Added 10/01/2019	X	X
Q4209	Surgraft, per square centimeter	Added 10/01/2019	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Added 10/01/2019	X	X
Q4211	Amnion bio or Axobiomembrane, per square centimeter	Added 10/01/2019	X	X
Q4212	Allogen, per cc	Added 10/01/2019	X	X
Q4213	Ascent, 0.5 mg	Added 10/01/2019	X	X
Q4214	Cellesta cord, per square centimeter	Added 10/01/2019	X	X
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	Added 10/01/2019	X	X
Q4216	Artacent cord, per square centimeter	Added 10/01/2019	X	X
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	Added 10/01/2019	X	X
Q4218	Surgicord, per square centimeter	Added 10/01/2019	X	X
Q4219	Surgigraft-dual, per square centimeter	Added 10/01/2019	X	X
Q4220	BellaCell HD or Surederm, per square centimeter	Added 10/01/2019	X	X
Q4221	Amniowrap2, per square centimeter	Added 10/01/2019	X	X
Q4222	Progenamatrix, per square centimeter	Added 10/01/2019	X	X
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	Added 10/01/2019	X	X
Q4227	Amniocore, per square centimeter.	Added 07/01/2020	X	X
Q4228	BioNextPATCH, per square centimeter	Added 07/01/2020	X	X
Q4229	Cogenex amniotic membrane, per square centimeter.	Added 07/01/2020	X	X
Q4230	Cogenex flowable amnion, per 0.5 cc.	Added 07/01/2020	X	X
Q4231	Corplex P, per cc.	Added 07/01/2020	X	X
Q4232	Corplex, per square centimeter.	Added 07/01/2020	X	X
Q4233	Surfactor or Nudyn, per 0.5 cc.	Added 07/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q4234	Xcellerate, per square centimeter.	Added 07/01/2020	X	X
Q4235	Amniorepair or altiply, per square centimeter.	Added 07/01/2020	X	X
Q4236	carePATCH, per square centimeter.	Added 07/01/2020	X	X
Q4237	Cryo-cord, per square centimeter	Added 07/01/2020	X	X
Q4238	Derm-maxx, per square centimeter.	Added 07/01/2020	X	X
Q4239	Amnio-maxx or Amnio-maxx lite, per square centimeter	Added 07/01/2020	X	X
Q4240	Corecyte, for topical use only, per 0.5 cc.	Added 07/01/2020	X	X
Q4241	Polycyte, for topical use only, per 0.5 cc.	Added 07/01/2020	X	X
Q4242	Amniocyte plus, per 0.5 cc.	Added 07/01/2020	X	X
Q4244	Procenta, per 200 mg	Added 07/01/2020	X	X
Q4245	Amniotext, per cc	Added 07/01/2020	X	X
Q4246	Coretext or Protext, per cc.	Added 07/01/2020	X	X
Q4247	Amniotext patch, per square centimeter	Added 07/01/2020	X	X
Q4248	Dermacyte Amniotic Membrane Allograft, per square centimeter	Added 07/01/2020	X	X
Q4249	Amniply, for topical use only, per square centimeter	Added 10/01/2020	X	X
Q4250	AmnioAMP- MP, per square centimeter	Added 10/01/2020	X	X
Q4254	Novafix DL, per square centimeter	Added 10/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q4255	Reguard, for topical use only, per square centimeter	Added 10/01/2020	X	X
Q5001	Hospice or home health care provided in patient's home/residence	Added 02/16/2015	X	
Q5002	Hospice or home health care provided in assisted living facility	Added 02/16/2015	X	
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)	Added 02/16/2015	X	
Q5004	Hospice care provided in skilled nursing facility (SNF)	Added 02/16/2015	X	
Q5005	Hospice care provided in inpatient hospital	Added 02/16/2015	X	
Q5006	Hospice care provided in inpatient hospice facility	Added 02/16/2015	X	
Q5007	Hospice care provided in long-term care facility	Added 02/16/2015	X	
Q5008	Hospice care provided in inpatient psychiatric facility	Added 02/16/2015	X	
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	Added 02/16/2015	X	
Q5010	Hospice home care provided in a hospice facility		X	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Added 04/01/2018	X	X
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Added 04/01/2018	X	X
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	Added 07/01/2018	X	X
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	Added 07/01/2018 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Added 01/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Added 07/12/2018 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Added 01/01/2019	X	X
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Added 10/01/2018 Removed 07/01/2021 Precertification previously delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications submitted to Cigna.	X	X
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg.	Added 01/01/2019	X	X
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Added 07/01/2019 Brand name: Ontruzant Precertification delegated to eviCore Medical Oncology Program	X	X
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Added 07/01/2019 Brand name: Herzuma Precertification delegated to eviCore Medical Oncology Program	X	X
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Added 07/01/2019 Brand name: Ogivri Precertification delegated to eviCore Medical Oncology Program	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Added 07/01/2019 Brand name: Truxima Precertification delegated to eviCore Medical Oncology Program	X	X
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Added 10/01/2019 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5119	Injection, Rituximab-pvvr, biosimilar, (Ruxience), 10 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg.	Added 07/01/2020 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg.	Added 07/01/2020	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Added 01/01/2021 Precertification delegated to eviCore Medical Oncology Program	X	X
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Added 07/01/2021	X	X
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Added 07/01/2016	X	
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	Added 07/01/2016	X	
S0013	Esketamine, nasal spray, 1 mg	Added 01/01/2021	X	X
S0090	Sildenafil citrate, 25 mg (Revatio)	Added 08/27/2015	X	X
S0122	Menotropins, 75 IU		X	X
S0126	Follitropin alfa, 75 IU		X	X
S0128	Follitropin beta, 75 IU		X	X
S0132	Ganirelix acetate, 250 mcg		X	X
S0145	Peginterferon aplha-2a	Brand name: Pegasys. Precertification delegated to eviCore Medical Oncology Program for oncology diagnoses. Requests for non-oncology indications should be submitted to Cigna.	X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S0148	PEG INTERFERON ALFA-2B/10	Brand names: Pegintron; Sylatron. Precertification delegated to eviCore Medical Oncology Program. Requests for non-oncology indications should be submitted to Cigna.	X	X
S0189	Testosterone pellet, 75 mg	Added 08/25/2017. Precertification required for Affordable Care Act Individual and Family Plan customers effective 1/1/2018.	X	
S0201	Partial hospitalization services, less than 24 hours, per diem	Added 08/27/2015	X	
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	Added 08/06/2012	X	X
S0810	Photorefractive Keratectomy		X	
S1034	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicates With All Of The Devices	Added 07/01/2014	X	
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)		X	
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	Added 07/01/2012	X	X
S2053	Transplantation of small intestine and liver allografts		X	X
S2054	Transplantation of multivisceral organs		X	X
S2060	Lobar lung transplantation		X	X
S2061	Donor lobectomy (lung) for transplantation, living donor		X	X
S2065	Simultaneous pancreas kidney transplantation		X	X
S2080	Laser-assisted uvulopalatoplasty (LAUP)		X	

Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S2095	(Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres) is an older code, but is being added to the program along with our yttrium-90 policy. This code will be billed once per treatment session when the patient is treated with yttrium-90 microspheres	Added 02/17/2014 eviCore healthcare National Radiation Therapy Program	X	X
S2102	Islet cell tissue transplant from pancreas; allogenic		X	X
S2103	Adrenal tissue transplant to brain		X	X
S2107	Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment		X	X
S2117	ARTHROEREISIS, SUBTALAR		X	X
S2140	Cord blood harvesting for transplantation, allogeneic		X	X
S2142	Cord blood-derived stem-cell transplantation, allogeneic		X	X
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and the number of days of post-transplant care in the global definition (including drugs; hospitalization; medical, surgical, diagnostic and emergency services)		X	X
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition		X	X
S2202	Echosclerotherapy		X	
S2235	Implantation of auditory brain stem implant		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy		X	X
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar		X	X
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero		X	X
S2404	Repair, myelomeningocele in the fetus, procedure performed in uter		X	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Added 08/26/2016	X	
S3841	Genetic testing for retinoblastoma	Added 08/26/2016 Removed 09/11/2020	X	
S3842	Gene test Hippel-Lindau	Added 09/15/2013 Removed 09/11/2020	X	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Added 07/01/2016	X	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and varients for suspected Brugada syndrome	Added 02/06/2012	X	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Added 08/26/2016	X	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Added 08/26/2016	X	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S8030	Tantalum ring application	Added 08/01/2012 Precertification delegated to eviCore healthcare National Radiation Therapy Program	X	X
S8035	Magnetic source imaging	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
S8042	Magnetic resonance imaging (MRI), low-field	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical		X	
S8085	Fluorine-18 fluorodeoxyglucose(F-18 FDG) imaging using dual-head coincidence detection system	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	X
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	All markets are effective with eviCore healthcare except for Hawaii, Puerto Rico and Guam	X	
S9055	Procuren or other growth factor preparation to promote wound healing		X	X
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour		X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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)		X	
S9124	Nursing care, in the home; by licensed practical nurse, per hour		X	
S9125	Respite care, in the home, per diem	Added 02/16/2015	X	
S9126	Hospice care, in the home, per diem	Added 02/16/2015	X	
S9127	Social work visit, in the home, per diem	Added 10/25/2019	X	
S9128	Speech therapy, in the home, per diem		X	
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327, or S9328)		X	X
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 04/01/2020	X	X
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 04/01/2020	X	X
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 04/01/2020	X	X
S9336	Home infusion therapy, continuous anticoagulent infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9338	Home infusion therapy, immunotherapy (e.g., intravenous immunoglobulin, interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 04/01/2020	X	X
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		X	X
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		X	X
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem		X	X
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Removed 04/01/2020	X	X
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
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		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem		X	X
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
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 code with home infusion codes S9365-S9368 using daily volume scales)		X	X
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(drugs and nursing visits coded separately), per diem		X	X
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(drugs and nursing visits coded separately), per diem		X	X

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
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(drugs and nursing visits coded separately), per diem		X	X
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(drugs and nursing visits coded separately), per diem		X	X
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use this code for flushing of infusion devices with Heparin to maintain patency)		X	X
S9379	Home infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem		X	X
S9480	Intensive outpatient psychiatric services, per diem	Added 08/27/2015	X	

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Code	Code Description	Addition/Removal	Complete/PHS+/ Preferred	Basic Standard
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Added 01/01/2014	X	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Added 01/01/2014	X	
S9975	Transplant related lodging, meals and transportation, per diem		X	X
T1000	Private duty/independent nsg		X	X
T1030	Nursing care, in the home, by registered nurse, per diem		X	
T1031	Nursing care, in the home, by licensed practical nurse, per diem		X	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)		X	

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